

JOINT STATE GOVERNMENT COMMISSION

General Assembly of the Commonwealth of Pennsylvania

COORDINATION OF VETERANS SERVICES IN PENNSYLVANIA

**A TASK FORCE
AND ADVISORY COMMITTEE REPORT**

March 2021



*Serving the General Assembly of the
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REPORT

Senate Resolution 170 of 2019

*Coordination of Veterans Services in Pennsylvania
A Task Force and Advisory Committee Report*

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The Joint State Government Commission was created in 1937 as the primary and central non-partisan, bicameral research and policy development agency for the General Assembly of Pennsylvania.¹

A fourteen-member Executive Committee comprised of the leadership of both the House of Representatives and the Senate oversees the Commission. The seven Executive Committee members from the House of Representatives are the Speaker, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. The seven Executive Committee members from the Senate are the President Pro Tempore, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. By statute, the Executive Committee selects a chairman of the Commission from among the members of the General Assembly. Historically, the Executive Committee has also selected a Vice-Chair or Treasurer, or both, for the Commission.

The studies conducted by the Commission are authorized by statute or by a simple or joint resolution. In general, the Commission has the power to conduct investigations, study issues, and gather information as directed by the General Assembly. The Commission provides in-depth research on a variety of topics, crafts recommendations to improve public policy and statutory law, and works closely with legislators and their staff.

A Commission study may involve the appointment of a legislative task force, composed of a specified number of legislators from the House of Representatives or the Senate, or both, as set forth in the enabling statute or resolution. In addition to following the progress of a particular study, the principal role of a task force is to determine whether to authorize the publication of any report resulting from the study and the introduction of any proposed legislation contained in the report. However, task force authorization does not necessarily reflect endorsement of all the findings and recommendations contained in a report.

Some studies involve an appointed advisory committee of professionals or interested parties from across the Commonwealth with expertise in a particular topic; others are managed exclusively by Commission staff with the informal involvement of representatives of those entities that can provide insight and information regarding the particular topic. When a study involves an advisory committee, the Commission seeks consensus among the members.² Although an advisory committee member may represent a particular department, agency, association, or group, such representation does not necessarily reflect the endorsement of the department, agency, association, or group of all the findings and recommendations contained in a study report.

¹ Act of July 1, 1937 (P.L.2460, No.459); 46 P.S. §§ 65–69.

² Consensus does not necessarily reflect unanimity among the advisory committee members on each individual policy or legislative recommendation. At a minimum, it reflects the views of a substantial majority of the advisory committee, gained after lengthy review and discussion.

Over the years, nearly one thousand individuals from across the Commonwealth have served as members of the Commission's numerous advisory committees or have assisted the Commission with its studies. Members of advisory committees bring a wide range of knowledge and experience to deliberations involving a particular study. Individuals from countless backgrounds have contributed to the work of the Commission, such as attorneys, judges, professors and other educators, state and local officials, physicians and other health care professionals, business and community leaders, service providers, administrators and other professionals, law enforcement personnel, and concerned citizens. In addition, members of advisory committees donate their time to serve the public good; they are not compensated for their service as members. Consequently, the Commonwealth receives the financial benefit of such volunteerism, along with their shared expertise in developing statutory language and public policy recommendations to improve the law in Pennsylvania.

The Commission periodically reports its findings and recommendations, along with any proposed legislation, to the General Assembly. Certain studies have specific timelines for the publication of a report, as in the case of a discrete or timely topic; other studies, given their complex or considerable nature, are ongoing and involve the publication of periodic reports. Completion of a study, or a particular aspect of an ongoing study, generally results in the publication of a report setting forth background material, policy recommendations, and proposed legislation. However, the release of a report by the Commission does not necessarily reflect the endorsement by the members of the Executive Committee, or the Chair or Vice-Chair of the Commission, of all the findings, recommendations, or conclusions contained in the report. A report containing proposed legislation may also contain official comments, which may be used to construe or apply its provisions.³

Since its inception, the Commission has published almost 400 reports on a sweeping range of topics, including administrative law and procedure; agriculture; athletics and sports; banks and banking; commerce and trade; the commercial code; crimes and offenses; decedents, estates, and fiduciaries; detectives and private police; domestic relations; education; elections; eminent domain; environmental resources; escheats; fish; forests, waters, and state parks; game; health and safety; historical sites and museums; insolvency and assignments; insurance; the judiciary and judicial procedure; labor; law and justice; the legislature; liquor; mechanics' liens; mental health; military affairs; mines and mining; municipalities; prisons and parole; procurement; state-licensed professions and occupations; public utilities; public welfare; real and personal property; state government; taxation and fiscal affairs; transportation; vehicles; and workers' compensation.

Following the completion of a report, subsequent action on the part of the Commission may be required, and, as necessary, the Commission will draft legislation and statutory amendments, update research, track legislation through the legislative process, attend hearings, and answer questions from legislators, legislative staff, interest groups, and constituents.

³ 1 Pa.C.S. § 1939.

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To the Members of the General Assembly of Pennsylvania:

This report, *Coordination of Veterans Services in Pennsylvania: A Task Force and Advisory Committee Report*, is being released pursuant to Senate Resolution 170 of 2019. The resolution established a legislative task force and directed the Commission to appoint an advisory committee of stakeholders, including veterans, service providers, researchers, and policy makers. In many ways, the report is a follow-up to the Commission's 2016 staff study, *Veterans' Benefits and Programs in Pennsylvania*.

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The Advisory Committee considered the networks of services in Pennsylvania, how accessible services are, and how coordination and accessibility can be improved to ensure that veterans get the assistance and care to which they are entitled.

The Advisory Committee's recommendations to the General Assembly include the establishment of a statewide navigation platform to help veterans access appropriate and necessary assistance programs; that providers follow established and emerging best practices; and that members of the Advisory Committee continue to meet to collaborate on improving the system of veterans services in Pennsylvania.

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The Commission thanks the members of the Advisory Committee and Task Force for their contributions to this report and for their ongoing efforts to help Pennsylvania's veterans.

Sincerely,

Glenn J. Pasewicz
Executive Director

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INTRODUCTION

In December of 2016, the Joint State Government Commission released the report *Veterans' Benefits and Programs in Pennsylvania* which reviewed services, benefits, and programs offered to veterans, National Guard, and Reserve service members and their families by Commonwealth agencies, veterans' service organizations, secondary schools, institutions of higher education, and the federal government. The report concluded that most of the benefits and programs for veterans, active National Guard and Reserve service members are determined and funded by the federal government. Consequently, room for improvement lies mostly in the areas of effective program administration and facilitating access to services. In the staff conversations with veterans' service organizations' representatives and county directors of veterans' affairs, two issues emerged as the main focus: outreach to veterans and collaboration between agencies.⁴

A 2014 needs assessment from the Department of Military and Veterans Affairs found that “challenges in meeting veterans' needs lay not with what is available, but how it is available” and that the “flow of information to veterans about available services, benefits, and programs is overwhelming in both volume and presentation.”⁵

Senate Resolution 170, Printer's No. 1349, adopted on October 30, 2019, established a task force on services for veterans, including the coordination of services in this Commonwealth among federal, state, local, and nonprofit programs aimed at serving veterans. The resolution further directed the Joint State Government Commission to establish an advisory committee to the task force and conduct a comprehensive review and analysis of services for veterans. That review and analysis included the identification of the following:

- 1) Veterans' service networks and collaborative organizations operating in this Commonwealth;
- 2) Models currently being utilized for interorganizational communication within the veterans' service community in this Commonwealth and other states;
- 3) Technological platforms currently being used to collect, store and exchange data among the veterans' service community in this Commonwealth and other states;

⁴ Joint State Government Commission, “Veterans' Benefits and Programs in Pennsylvania,” Dec. 2016, p. 111, <http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2016-12-29%20PDF%20WEBSITE%20Version%20SR255%20Services%20to%20Veterans%20final%20Report%201.3.17.pdf>.

⁵ Phillip Carter and Katherine Kidder, “Needs Assessment: Veterans in Southwest Pennsylvania,” Nov. 2015, https://s3.useast1.amazonaws.com/files.cnas.org/documents/CNASReport_SWPAVeterans_151117_final.pdf?mtime=20160906082259&focal=none.

- 4) National, state or local models that support comprehensive access and navigation of veterans' services being utilized; and
- 5) Any other areas recommended by the task force relating to the coordination of services among the veterans' service organizations.

The Advisory Committee was composed of representatives of state, federal, and county personnel, as well as individuals who served in the military, veteran organizations, and veteran advocates. The Advisory Committee held an organizational teleconference on January 31, 2020, then met in-person or by Zoom six times, on March 6, 2020; June 11, 2020; July 29, 2020; September 10, 2020; November 13, 2020; and January 29, 2021. The Advisory Committee approached the report from a perspective that there are a sufficient number of services available to veterans, but the flow of information is overwhelming and lacks coordination.

Finally, it should be noted that the recommendations contained in this report represent the general consensus of the Advisory Committee. They are not unanimously endorsed and should not be considered the official position of all the organizations represented on the committee.

FINDINGS AND RECOMMENDATIONS

When a study involves an advisory committee, the Commission seeks consensus among the members. As a result of analysis and experiences, the advisory committee has developed the following recommendations.

RECOMMENDATION 1: The majority of the Advisory Committee recommends creating a Commonwealth-wide navigation system, utilizing an existing system such as PAServes or PA VETConnect, to produce a centralized case management or resource center for veterans and service providers. PAServes currently supports a three-county area near Pittsburgh, but it could be expanded as a Commonwealth-wide navigation system. Funding would be a principal barrier to expanding the PAServes model statewide, and it was estimated that it could cost \$2 million annually. The Advisory Committee believes that any system of navigation should collect data and be guided by evidence-based practices, which the In-Progress Reviews of PAServes already strongly demonstrates. The navigation system should:

- Employ navigators or outreach specialists to assist veterans in navigating the available resources through various mediums (e.g., telephone, online chat, and email). Navigators can provide guidance to help veterans understand what services are available to them, help veterans register or sign up for services, and assist in coordinating services for veterans.
- Explore the possibility of using a peer-to-peer approach and employing Pennsylvania veterans as navigators. Such an effort would require a support infrastructure that has employed staff to manage and ensure quality.
- Include the intended recipients of the program (i.e. Pennsylvania veterans) from the planning through the implementation and evaluation phases of the program to ensure equitable practices and greater stakeholder engagement.

While the majority of the Advisory Committee recommends creating a Commonwealth-wide navigation system, a portion of the Advisory Committee believes the Commonwealth should be cautious of a one size fits all approach when it comes to navigation systems and that the Commonwealth should not try to “re-invent the wheel” if there are systems or models out there that work or simply can be improved. The County Directors of Veterans Affairs are already mandated to perform many of the tasks discussed and are considered the first line of contact for veterans benefits. Accredited County Directors have access to the federal VA system as duly recognized claimant representatives under the DMVA, their national organizations, or any one of the national veteran organizations.

Furthermore, there are multiple systems currently available within the Commonwealth that connect veterans to benefits and services, such as PA VETConnect, Pennsylvania 2-1-1 and the Act 66 Program Veteran Service Officers (VSO) which are detailed in the Models and Technological Platforms section of this report. The DMVA, in cooperation with the Department of Human Services and other Commonwealth agencies, has taken action to create a statewide resource and referral tool (RISE PA) that will act as a navigation system and capture, manage, and provide data analysis that is tailored to the needs of its customers and the agencies that it supports.

A comprehensive review should be conducted to examine the existing systems for evidence of effectiveness, as well as determine how to better communicate the availability of those systems to veterans.

RECOMMENDATION 2: The Advisory Committee acknowledges a distinction between “today’s” veterans, who are computer savvy, and “yesterday’s” veterans, who may be older, in nursing home care, and otherwise unable to navigate the Internet. Any solution should include low tech, or no tech, ways to help improve veteran awareness and access to services. In addition, the Advisory Committee recognizes that the needs of the veteran population vary based on more than just their age. All veterans are entitled to the same benefits regardless of a person’s sex, age, race, ethnicity, or technical skills. The staff of the DMVA should continue to be representative of the military population to provide decision makers the ability to meet the needs of the diverse population.

The Advisory Committee recommends that any Commonwealth-wide navigation system should also be a clearinghouse and publisher of a resource book for Pennsylvania veterans. The book would be particularly helpful for the paper-based generation and include all relevant education and information about veterans’ services throughout the Commonwealth. To keep the information reasonably current, the book should be updated every biennial. Furthermore, the book could be a collaboration between organizations, such as the DMVA, the County Directors of Veterans Affairs, and participating VSOs. The book should be available as a handbook for VSO case workers and others to assist veterans during face-to-face visits or phone calls when the internet is inaccessible.

The resource book should also be available on any Commonwealth-wide navigation system’s website for the computer savvy veteran to search and it can be updated more often, clearly flagging what is new and different from the most recent written edition. Various veteran service organizations can link directly to the online resource book and the website landing page should also have a QR Code to enable the entire resource book to be accessible via a smart phone.

RECOMMENDATION 3: The Advisory Committee believes it would be valuable to continue to meet in some capacity similar to the meetings held for the work of this report. Ongoing meetings would allow veteran organizations with shared goals to streamline communication and share information to improve the coordination of veteran services within the Commonwealth on a regular basis.

The DMVA or the Pennsylvania State Veterans Commission could be a potential host for any meetings. The Governor's Advisory Council on Veterans' Services could also be expanded to allow the participation of more non-profit organizations. Communication should be streamlined, and a variety of veteran organizations should be invited to participate, including but not limited to state and local offices, VSOs, and veteran advocates. It is also recommended that:

- A technical assistance team be assembled through PA VETConnect to implement the navigation system requirements outlined in the first recommendation above.
- A veterans' assistance team be assembled for the county offices because they have very small budgets and they have more responsibilities than stand-alone VSOs.

RECOMMENDATION 4: The Advisory Committee believes that through the Veteran Service Officer Grant Program, VSOs do much of the same work as the county veterans' offices, and their work shares a similar goal. The Advisory Committee recommends that any Commonwealth-wide navigation system or existing platform under recommendation #1 should foster a collaborative effort between the VSOs and the county veterans' offices. Coordination meetings could be an effective tool and an overarching navigation system could direct veterans to the appropriate service based on the distinctions made through any collaborative effort.

RECOMMENDATION 5: The Advisory Committee supports, with the appropriate resources, the recommendations outlined below from The Veteran Metric Initiative Study (TVMI).

Overarching Recommendations from TVMI

Almost all veterans use transition resources in the first two years after military separation. Beyond two years, those in high-risk categories (e.g., problematic financial status, post-traumatic stress disorder (PTSD), and cumulative trauma experiences) need continued supports. The following general recommendations are put forth:⁶

- Establish a universal screener and link it to a navigation infrastructure (e.g., AmericanServes) thereby identifying risk factors early and providing targeted supports, interventions, and components.
- Utilize proven engagement and marketing strategies to increase program/service use by veterans, and especially target those who are high risk or less likely to utilize programs/services (e.g., junior enlisted paygrades).
- Incorporate the identified evidence-based components into program/services to promote effectiveness.

⁶ Daniel F. Perkins, Clearinghouse for Military Family Readiness at Penn State, "Study of Veterans' Wellbeing and Utilized Program Components, Identified Implications," Veteran Evaluation and Research Application Network (VETERANetwork), September 2020.

Well-being Recommendations

One aim of the TVMI study was to document veteran well-being in four domains: vocation (i.e., employment and education), health (i.e., mental and physical), finances (e.g., legal and housing), and social relationships. The Well-being Index (WBI) was used to measure status, functioning, and satisfaction. The following recommendations for supporting transitioning veterans' well-being have been identified:

- Advance a narrative through tailored communications, storytelling, and data visualizations to communicate that the majority of transitioning veterans are resilient and doing well during their civilian reintegration.
- Veterans' perceptions of underemployment are prevalent; enact a multi-pronged approach to enable veterans to translate their military skills into the civilian workplace and to promote awareness among employers about the skills sets and assets that veterans possess.
- Many veterans choose to engage in educational pursuits early in their transition, but some are not completing their education. Educational institutions and other services can address the top two reasons veterans leave education or training: PTSD and financial problems.
- Assess veterans' financial status prior to military separation and provide supports to prevent and reduce financial problems.
- Promote utilization of programs/services that increase social support and decrease social isolation for veterans; these efforts will require rigorous evaluation.
- Screen for potential inequity factors (e.g., race/ethnicity, geographic relocation, junior enlisted pay grade) to provide targeted support for successful civilian reintegration.
- Veterans often under-recognize their own mental health problems; destigmatize mental health care, help veterans reflect on their mental health needs, and encourage veterans to be receptive to connecting with needed mental health supports.
- Include in a universal screening tool an assessment of Adverse Childhood Experiences (ACES) because ACEs is linked to threats to successful reintegration (e.g., mental health issues, anger/violence, substance misuse, and suicidal thinking).
- Offer veterans who have experienced or witnessed combat additional support to address the mental and emotional impacts.
- Deploy and validate a universal screening tool that includes an assessment of both self- and other-directed moral injury among veterans.

Program Component Recommendations

A modified Common Components Analysis (CCA) approach was used to examine the elements of veterans' programs and services. This adapted CCA approach (a) captures a variety of similar program characteristics to increase the quality of the comparison within components; and (b) identifies components from four primary types (i.e., content, process, barrier reduction, and sustainability) within specific well-being outcomes (i.e., vocation, health, legal/financial/housing, and social). When coupled with a longitudinal research design, this adaptation to CCA allows for causal evidence about the impact of different components within and across a variety of well-being outcomes. The following recommendations have been identified for utilization of effective program/service components:

- Help veterans to achieve their civilian goals by incorporating impactful program components into programs/services.
- Tailor and market programs/services to veterans who are most at-risk or less likely to use programs/services (e.g., junior enlisted ranks).
- Shorten the length of time it takes to secure a job after discharge and increase starting salaries by fostering early participation in targeted employment components.
- Ensure programs/services utilize evidence-informed, employment components linked to increased job promotion for veterans.
- Advocate for continued use of employment components, as they are related to better employment opportunities for veterans.
- Raise awareness and promote the utilization of informational resources, training, and tools that can improve veterans' financial status.
- Support programs/services that reduce social isolation by offering structured opportunities for veterans to form meaningful connections.
- Ensure programs/services offer barrier reduction components.
- Help increase veterans' awareness of resources and their ability to navigate access to needed resources.
- Integrate a holistic perspective into programs/services to foster better veteran health; effective interventions can modify behaviors that influence well-being.

RECOMMENDATION 6: The Advisory Committee supports, with the appropriate resources, the recommendations outlined below pertaining to platform selection and implementation discussed in the *Community Resource Referral Platforms: A Guide for Health Care Organizations* report.⁷

- Engage community partners from the beginning. Successful implementation of closed-loop referrals and a coordinated referral network depends on successful engagement of the organizations that will be part of the system. Buy-in and collaboration are easiest to establish if health care organizations reach out to community-based partners prior to selecting a platform and work closely with partners to understand how the platform can help them achieve shared objectives.
- Examine what already exists in the community to avoid duplication and proliferation of redundant platforms. If the ultimate goal is to create a more coordinated health care and social services delivery system, all organizations in a community, including all health care organizations, have an incentive to use the same platform, or at least to use platforms that can easily share information.
- Have a clear understanding of your goals and needs. Consider the kinds of assistance that will help patients the most; what staff will be needed to provide that assistance; the information system requirements to support the care team; and the external partners necessary for the system to work.
- Don't assume that if you build it, they will use it. Involve desired end users in clarifying your goals and needs and identify champions who will lead end users through what will likely be a bumpy implementation process.
- Compare costs and user experiences. Although the products examined provided very similar functionalities, they sometimes varied substantially in cost. Talk to other organizations that have implemented these products to better understand strengths of different products and vendors.
- Know that this work takes time. Nearly all informants found that the process of implementing a community referral platform took longer than anticipated. These are new products that require developing and implementing new workflows. Build learning time into the product implementation plan.
- Evaluate the impact. Relatively little information exists to date about the impact of implementing one of these platforms. Measure the impact of platform use on patient health, patient and care team satisfaction with care, and health care costs and share that information publicly so that the sector as a whole can learn.

⁷ Yuri Cartier, Caroline Fichtenberg, Laura Gottlieb, "Community Resource Referral Platforms: A Guide for Health Care Platforms," Apr. 16, 2019, <https://sirennetwork.ucsf.edu/sites/sirennetwork.ucsf.edu/files/wysiwyg/Community-Resource-Referral-Platforms-Guide.pdf>.

RECOMMENDATION 7: The Advisory Committee supports the recommendations outlined below regarding Care Coordination.

The Advisory Committee recognized the horrible events that unfolded at long-term care facilities, which are home to many veterans, during the pandemic and recommends that the facilities address those issues. In order to improve care coordination, the Commonwealth and its long-term care facilities could:

- Clearly define how to report problems. Front line workers, or others such as family members, should have the ability to voice concerns or complaints properly and ensure they are respected when doing so. There should be clear communication because a lack of it affects everyone.
- Consider not using a "military model" in a health care facility even though the DMVA ultimately oversees the facilities. A rigid and narrow line of communication can be restrictive.
- Have internal review committees comprised of staff from different departments which can help everything from the quality of the food, the environment and the care. Emergency Action Plans should be reviewed periodically and made to include all possibilities.
- Deliver handouts to educate staff. They should be delivered by people who understand the handout, with signatures, dates, and times included. There also needs to be refresher courses from time to time. People should be informed of infection control protocols, such as how to use and remove gloves after working with individuals.
- Improve oversight from any agency monitoring facilities in the Commonwealth that care for veterans. Inspections should be spontaneous to avoid facilities from covering up issues that would normally be deficiencies.
- Staff shortages at any health care facility are difficult to overcome, but higher positions should not be filled until at least 3 references are thoroughly checked. Background checks should include any prior license suspensions and whether a person ever worked at a facility that was closed.
- Review and make recommendations on the existing structure of the DMVA, which currently contains both the military and veterans affairs within one agency.
- Improve the process associated with providing medications and informed consent for veterans and family members.
- Adequate funding and resources should be provided to implement the care coordination recommendations outlined above.

DMVA INITIATIVES FROM PRIOR FINDINGS AND RECOMMENDATIONS

The DMVA emphasized that it has consistently incorporated results of the various studies that have been completed into its strategic planning, citing the importance of building trust among the veteran community and community stakeholders. One of the consistent criticisms of the DMVA has been that it does not communicate effectively with the veteran population. However, the DMVA has consistently made rapid changes in how it strives to meet this challenge when it established the Division of Reintegration and Outreach. In addition, in 2015, outreach was expanded with the formation of the Bureau of Programs, Initiatives, Reintegration and Outreach (PIRO) and then with its community-based outreach program in 2020, PA VETConnect. Each of these changes added new dimensions to the department's commitment to communicate effectively with veterans and their families.

As a response to the December 2016 Joint State Government Commission report, *Veterans' Benefits and Programs in Pennsylvania*, the DMVA instituted a number of initiatives based on the recommendations found in the report. The report notes that "The Vast majority of services and benefits offered to veterans, active military personnel and reservists are mandated and funded by the federal government."⁸ The DMVA recognizes that the U.S. Department of Veterans Affairs provides significant benefits to eligible veterans, but believes the categorization used in the report minimizes the importance of state benefits, programs, and services that are delivered by the DMVA and every other state entity that serves veterans. Further the DMVA believes that statement leads one to conclude that the application for these federal benefits is facilitated by the federal entity, which is not entirely correct. The DMVA is responsible to ensure that they maintain a team of accredited Veteran Service Officers whose primary responsibility is to assist veterans in compiling documentation and successfully submitting claims for federal, state, and local veteran benefits. The recommendations from the report and the DMVA's initiatives are outlined below.

2016 Recommendation: *Conduct coordinated outreach and engagement efforts to proactively seek out veterans in need of assistance, sharing information across outreach teams and sites and collaborating across systems.*

- *Establish representatives of veterans' service organizations presence in more local legislative offices;*
- *Increase the number of service officers in underserved areas (for example, in rural, thinly populated northern counties);*

⁸ Joint State Government Commission, "Veterans' Benefits and Programs in Pennsylvania," Dec. 2016, p. 3 <http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2016-12-29%20PDF%20WEBSITE%20Version%20SR255%20Services%20to%20Veterans%20final%20Report%201.3.17.pdf>.

- *Focus on the transitional periods in veterans' life such as readjustment to civilian life after the period of service, and retirement, which involves changes in insurance coverage, et cetera.*⁹

The DMVA collaborates with more than 200 VSOs who assist veterans and their families throughout the Commonwealth. These VSOs work for the Department of Military and Veterans Affairs, the 67 counties, and veteran service organizations that receive funding through the Veteran Service Officer Grant Program (Act 66 of 2007).¹⁰ These VSOs assist veterans and their families with federal, state, and county benefit programs, provide expert advice and assistance to veterans and families, and assist with hot referrals and warm hand-off to community partners who can meet their needs in the communities. These VSOs and other veteran advocates are supported by five Regional Program Outreach Coordinators (RPOC) who provide a connection to community-based service providers and federal, state, and local government agencies. During the last fiscal year, approximately 21,315 veterans were served with federal benefit claims and 16,674 veterans and family members with state benefit programs.¹¹

Additionally, the County Directors of Veterans Affairs are the primary point of contact in their respective counties pursuant to 51 Pa.C.S. §1731 (c). The DMVA continues to work closely with the county directors for veterans' affairs in serving the veterans community.

The DMVA has actively engaged with community and government partners, during a seven month period in 2020, to reach to the nearly 800,000 veterans and their family members across the Commonwealth. Through these efforts, the DMVA has been able to assist nearly 300,000 veterans and their family members. The following examples of these events are provided:¹²

- The DMVA participated in the Virtual Veterans Experience Action Center (V-VEAC) October 21 - 23, 2020. Pennsylvania is the second state to participate in this pilot program. The V-VEAC is designed to connect hard-to-reach veterans such as women, homeless, and elderly, to evaluate and remedy issues during these one-on-one virtual engagements. The V-VEAC included community service and support resource organizations with the capability to file, update, and adjudicate claims; enroll in VA healthcare and schedule appointments; provide rapid housing and temporary financial assistance; and other community resources. This partnership with the federal Veterans Experience Office, Veterans Benefits Administration (VBA), Veterans Health Administration (VHA), National Cemetery Administration (NCA), PA-211, and DMVA is trailblazing among veterans service organizations. V-VEAC support was provided through 12 role players for the event rehearsal and building a team of 22 veteran service officers from the bureau, the county directors of veterans' affairs, the American Legion, the Disabled American Veterans (DAV), and the Veterans of

⁹ *Id.* at 111.

¹⁰ Act 66 of Dec. 12, 2007 (P.L. 433, No.66).

¹¹ E-mail from R. Hamp, Special Assistant to the Deputy Adjutant General for Veterans Affairs, DMVA, November 4, 2020 (on file with the Joint State Government Commission).

¹² *Id.*

Foreign Wars (VFW). There were a total of 544 appointments with 503 veterans served during this event.

- The DMVA joined subject matter experts from VBA, VHA, and Delaware Valley Veterans Consortium to respond to questions through RallyPoint, a social media platform for veterans, on October 19, 2020. There were 15.9 thousand impressions and 186 comments/questions/answers. The DMVA responded directly to 25 comments addressing community resources, state/county programs, and general benefit questions. This event generated several follow-up conversations and one referral to the Department of Labor and Industry.
- The DMVA has partnered with the federal VBA to outreach the veterans community through tele-town halls with the Under Secretary for Benefits. Through this collaborative effort nearly 229,000 veterans and family members have been reached across the Commonwealth and directly connected with 26 veterans to dig deeper and assist them in connecting to resources and applying for the benefits they have earned. Pennsylvania was the first state in the fourth round of VBA tele-town halls based on the relationship fostered with the VBA.

2016 Recommendation: *Continue support for Act 66 Outreach programs; increase funding, if possible; and maintain a separate line item in the DMVA budget for this program.*

The DMVA recognizes the Veteran Service Officer Grant Program as an integral part of its outreach initiatives. The participating Veteran Service Organizations and accredited Veteran Service Officers who work under this program are “partners” who work with DMVA staff to achieve the stated goals of the outreach grant program. DMVA provides specific guidance on an annual basis regarding measures, metrics, and reporting requirements for that program. That guidance is part of the Veterans’ Service Officer Grant Program Guidelines for Program Implementation for each State Fiscal Year. The Department considers each of the participating Veteran Service Organizations to be valuable partners in serving the veterans community.

The DMVA has a dedicated budget item for the Veteran Service Officer Grant program. In the past, the General Assembly has added funds to this line item for other veteran programs. When the General Assembly adds additional funds to a budget line, DMVA researches the fiscal note to ensure that it directs funds according to their intent. The same is true when the General Assembly increases the budget for the Veteran Service Officer Grant Program above the final executive budget request.

The DMVA has consistently supported the Veteran Service Officer Grant Program and continues to vigorously advocate for this program each budget cycle. The DMVA has added a cost of living increase each year to ensure that, at a minimum, the grantee Veteran Service Officer can receive an annual pay increase. However, the grantees manage the pay and benefits of their Veterans Service Officers. The DMVA has shared considerable information on the budget process, but the department must meet strict deadlines and comply with directives, policies, and guidance that limits the type of information that can be shared regarding budget requests.

Recommendations and justifications for additional Veteran Service Officer Grant Program funding requests are welcomed from the State Veterans Commission's Act 66 Committee.

DMVA completed an internal study based on federal computations that indicate Pennsylvania needs to increase its Veteran Service Officer staffing by at least 17 additional Veteran Service Officers. The study also indicates a need to ensure that the Service Officers are dispersed geographically in areas where veterans need service. The DMVA intends to invest in this program to alleviate that shortcoming. However, how that investment materializes remains part of the budgetary process. Both PA VETConnect and Veteran Service Officers, working together, are integral to the department achieving its mission to "strengthen our commonwealth by serving our veterans and partners while preparing military personnel to safeguard our way of life."¹³ PA VETConnect staffing has no impact on the Veteran Service Officer Grant Program, and conversely, the Veteran Service Officer Grant Program has no impact on PA VETConnect staffing.

2016 Recommendation: *Increase coordination and collaboration between state departments, veterans' service organizations, and various agencies involved in veterans' life.*

The State Veterans Commission (SVC) is composed of representatives of all major veterans' organizations throughout the Commonwealth, as well as a representative of the Association of County Directors for Veterans Affairs. The SVC is tasked with advising the Adjutant General on all matters pertaining to the status, welfare, benefits, employment, and support of veterans. The structure of the SVC has been an area of concern for several veteran service organizations' departmental level leadership for many years. Pursuant to 51 Pa. C.S. § 1702 and as was noted in the 2016 report (page 109), "The State Veterans Commission is an advisory body. Active service members are under the jurisdiction of the DMVA as delegate of the Governor." The DMVA continues to collaborate with the SVC in serving the veterans' community.

The DMVA has evolved its collaborative capabilities and philosophy to better serve veterans and their families. In 2013, DMVA advocated for the formation of the Governor's Advisory Council for Veterans Services (GAC-VS). On November 11, 2013 the Governor issued Executive Order 2013-03 forming the Governors' Advisory Council on Veterans Services. The purpose of the GAC-VS is to "review, evaluate and assess state veterans' programs in collaboration with senior staff from state agencies and commissions; to increase information sharing, ensure program fidelity, coordinate complementary programs; and to facilitate meaningful enhancements in service accessibility to veterans' benefits and services within the Commonwealth of Pennsylvania."

This Executive Order directed the composition of the GAC-VS to include senior staff from the DMVA, the chairman of the State Veterans Commission (SVC), the director of the Governor's Policy Office or designee, the Secretary of the Department of Education or designee, the Secretary of the Department of Corrections or designee, the Chairman of the Pennsylvania Board of Probation and Parole or designee, the Adjutant General of Pennsylvania, the Secretary of Labor

¹³ *Id.*

and Industry or designee, the Secretary of the Department of Public Welfare or designee, the Secretary of the Department of Drug and Alcohol Programs or designee, State Civil Service Commissioner who is a veteran, a designee of the Pennsylvania War Veterans Council, and three members-at-large who must be veterans, appointed by the Governor. In this Executive Order, the Governor directed all Commonwealth agencies, boards, and commissions to provide an inventory of veterans' services and programs upon request of the council. During its first years, the GAC-VS focused on the services being provided by the various state government agencies, developing relationships, and recognizing synergies. By 2015 the various agencies began to come together to form committees that focused on leveraging their combined resources to better understand and address the emerging needs of veterans throughout the Commonwealth.

On November 4, 2019 Governor Wolf amended Executive Order 2013-03 to update agency titles and add additional departments of state government to the effort. The update listed the Secretary of the Department of Aging or his designee, the Secretary of the Department of Agriculture or designee, the Secretary of the Department of Banking and Securities or designee, the Secretary of the Department of Community and Economic Development or designee, the Secretary of the Department of Conservation and Natural Resources for designee, the Secretary of the Department of Corrections or designee, the Secretary of the Department of Health or designee, the Secretary of the Department of Human Services or designee, the Secretary of the Department of Labor and Industry or designee, the Secretary of the Department of Transportation, the executive Director of the Fish and Boat Commission or designee and the Executive Director of the Pennsylvania Council on the Arts or designee. In its current configuration the GAC-VS has formed the following working committees: The Aging Committee, the Education, Employment and Workforce Development Committee, the Health Promotions Committee, the Homeless Committee, the Judiciary Committee, the Technology Committee, the Women Veterans Committee and most recently the Veterans in Public Service Committee. Each of these working committees have members from the various state departments and commissions. The working committees meet at the call of their respective chairs (some several times a month but all meet at least once monthly depending on the work being done) and the GAC-VS convenes quarterly to receive the report from the working committees and to provide guidance and direction for future work that is expected to be accomplished. The Deputy Adjutant General of Veterans Affairs sits as the Chairperson, receives committee reports and provides quarterly updates and recommendations through the Governor's Policy Office. The committee activities include:

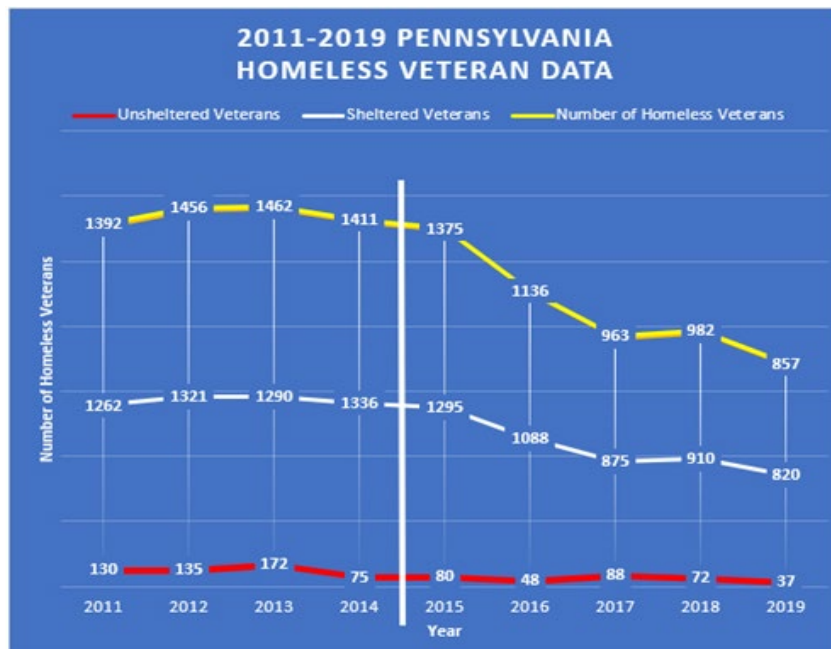
Aging Committee:

- Completed the Expanding Long-Term Care Options Report which required massive inter-agency cooperation and provided recommendations that will benefit the Commonwealths' aging veteran population into the future.
- Working on increasing awareness of services and supports for aging veterans/families/caregivers, and safeguarding aging veterans from abuse, neglect, exploitation and self-harm.

Homeless Committee:

- Developing and fostering a Commonwealth-wide perspective of veteran homelessness through proactive communication and collaboration with all continuums of care, VA Homeless Care Teams, SSVF providers, and the Department of Community and Economic Development (DCED).
- Developing recommendations for veteran advocates to quickly and effectively refer homeless or at-risk veterans to housing resources and supportive services, especially those who are not eligible for VA homeless programs.
- Increasing awareness of mainstream case management programs that can help address substance use disorder, mental health, or long-term service and support needs which often impact long-term housing stability.
- The DMVA receives no funding to address veteran homelessness; however, DMVA does provide grants through the Veterans Trust Fund Grant Program to agencies who address this issue. It also administers the Veterans Temporary Assistance Program and the Military Family Relief Assistance Program which can both help veterans address housing-related issues. Additionally, OVA works closely with the federal, state, and local agencies that receive and administer the main sources of funding to address veteran housing instability, namely the federal VA and the state DCED, Labor and Industry (L&I) and Human Services (DHS).

Figure 1



*2015 Gov. Wolf joined the challenge to end Veteran Homelessness

** <https://www.hudexchange.info/resource/5948/2019-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>

Technology Committee:

- Working closely with the DMVA regarding PA VETConnect and recently added “women veterans” to the search filter. Attempting to work towards a web-based platform, the committee works closely with DHS and DMVA on integrating the two resource tool systems for a more complete resource database.
- Recently added voter registration to the Veterans Registry. Individuals completing the online form for the Veterans Registry can click “yes” if they wish to register to vote. This action will transfer the individual to the Department of State to complete their voter registration application.

Women Veterans Committee:

- Held community roundtables throughout the Commonwealth to gather information on what special issues surround women veterans, and to educate the public on women veterans resources.
- Conducted a survey for women veterans to identify needs or issues unique to female veterans.
- Continuously participates in women veteran forums and roundtables held by other groups and organizations.

Health Promotions Committee:

- The DMVA has worked together with DOH, DHS, the Office of Mental Health and Substance Abuse Services (OMHSAS), DDAP, the Department of Corrections (DOC), and Pennsylvania Commission on Crime and Delinquency (PCCD), to apply for \$11.3M over the next five years in grant dollars focused on prevention of veteran suicide.
- Assisted in opening Fairweather Lodges and strives to assist in opening more annually.
- Continuous efforts to provide community trainings such as: Mental Health First Aid, Question Persuade Refer, and Applied Suicide Intervention Skills Training.
- Many committee members across various state agencies are active participants in the Substance Abuse and Mental Health Services (SAMHSA) Governor’s Challenge to prevent suicide among service members, veterans, and their families.
 - VA/SAMHSA Governor’s Challenge to Prevent Suicide among Service Members, Veterans and their Families – In December of 2019 Governor Wolf accepted the invitation to join the Governor’s Challenge. DMVA was selected as the lead

agency for this initiative and quickly formed a team of federal, state, and county government and community partners to address the incidence of suicide within the Commonwealth. To date, the Governor's Challenge team has attended numerous training opportunities and has received technical assistance from the VA/SAMHSA team. A strategic plan was developed that focuses on the VA/SAMHSA priorities as iterated within the PREVENTS (President's Roadmap to Empower Veterans and End a National Tragedy of Suicide) Initiative.

- VA/SAMHSA Mayor's Challenge to Prevent Suicide among Service members, Veterans and their Families – In April 2020, the DMVA was contacted and asked to nominate a city or county to join in a Mayor's Challenge. Governor Wolf nominated the City of Pittsburgh and in April of 2020 Mayor Peduto accepted the invitation and is working to share the tenets of the Governor's Challenge team and to assist and further develop a plan to address suicide within the City of Pittsburgh and Allegheny County.
- Philadelphia Suicide Prevention Task Force – In May of 2020 the City of Philadelphia decided to implement a Suicide Prevention Task Force and hired its first Suicide Prevention Coordinator to lead their efforts. The Governors Challenge team has been asked to assist and mentor this team as they proceed with efforts to address Suicide Prevention within the City of Philadelphia.

Judiciary Committee:

- Working on expanding the Veterans Courts and Veterans Service Unit (VSU) to more counties each year, as well as finding more transitional housing options. (Five counties started veterans courts in 2019 alone) to a total of 25 across the Commonwealth, in part, due to the efforts of this committee and the DMVA.
- Partnered with the USDVA to have mental health screenings and medical exams/evaluations for disability ratings performed on incarcerated veterans before they are released to allow for an easier/more seamless transition out of incarceration. These exams are at no cost to the Commonwealth and are completed within the correctional facilities.
- "Time Served" video released, which highlights the experiences of a veteran participating in a Veterans Court, and a veteran participating in a VSU within a correctional facility. Emphasis on identifying the veterans in the justice-involved population remains a priority so the Department of Corrections can intervene and assist service members where possible.

Education, Employment & Workforce Development (EEWD) Committee:

- Developing ways of combatting the veteran unemployment rate.
 - Veteran employment continues to be a topic of concern. While unemployment rates have typically trended down, veteran unemployment holds steady at about 3 percent. Pennsylvania’s veteran population is more aged than the US veteran population with PA showing 54 percent of working veterans being age 65+ (the national average is 47 percent of veterans being over age 65). Age may be a contributing factor to the slightly lower labor force participation and unemployment rates in Pennsylvania.
- Covers all aspects of a service member who has left the military and needs to decide what their next steps will be, for example: Employment, Education, Retraining, or Self-Employment.

Veterans in Public Service (VIPS) Committee:

- Will establish mentorship for current and new Commonwealth employees in the spirit of “veterans helping veterans.”
- Will also establish a communication network for Commonwealth service members/veterans regarding basic benefit and Veterans Registry information, in addition to assisting with the Military Service Recognition Campaign each year.
- The DMVA collaborated with the Office of Administration (OA) to recognize more than 14,000 state employees who also served in the military across the Commonwealth.

Additionally, the DMVA continues to develop and foster relationships with key stakeholders at all levels of government and within the veterans’ community. For example, work continues with the United States Department of Veterans Affairs, National Association of State Directors of Veterans Affairs, Pennsylvania Association of County Director of Veterans Affairs, the veterans’ service organizations, and the County Commissioner Association of Pennsylvania in sharing best practices and developing synergistic partnerships.

The DMVA continues to build relationships and find resources for veterans’ community through PA VETConnect. The relationships being built by the RPOCs with, and between, federal, state, and local veteran advocates are helping to break down silos, increase awareness of services, promote cross-agency communication, and educate front line staff on resources that can address the unmet needs of service members, veterans, and their families (SMVF). Ultimately, advocates are becoming better educated about, and more connected to, both veteran-centric and mainstream community resources that can support SMVF who reach out to them for help. A total of 13,855 connections have been made from January 2020 to October 23, 2020 with federal, state, or local government officials, non-profit organizations, and community leaders. All resources added to the PA VETConnect database tool are vetted to assure they are appropriate for veterans and their

families. The vetting process includes DMVA staff visiting resource locations, thorough phone discussions with resource contacts and contacting area county directors of veterans' affairs for their input, including checking Department of State non-profit records when necessary.

In short, PA VETConnect addresses the needs of the veterans, their families, and surviving spouses, finds traditional and non-traditional resources through federal, state, and local government as well as non-profit community partners throughout the Commonwealth, and connects the veterans with the help they need.

The Pennsylvania Veterans Trust Fund (VTF) continues to build partnerships with charitable organizations, veterans service organizations, and county directors of veteran's affairs to fund improved assistance and support for Pennsylvania veterans and their families. Grants from the VTF may assist veterans in obtaining federal veteran's benefits and pensions earned by their service and sacrifice. The DMVA has provided over \$4.3 million in Veteran Trust Fund Grants to nearly 50 County Directors for Veterans Affairs and over 100 charitable organizations. The citizens of the Commonwealth have graciously contributed over \$10.7 million through the vehicle license and registration check-off option, and through online or mailed in donations.¹⁴

2016 Recommendation: *Facilitate coordinated assessment and entry systems to improve the ability of veterans to get the help they need.*

The relationships being built under the auspices of PA VETConnect with, and between, federal, state, and local veteran advocates are helping to break down silos, increase awareness of services, promote cross-agency communication, and educate front line staff on resources that can address the unmet needs of service members, veterans, and their families (SMVF). Ultimately, advocates are becoming better educated on, and more connected to, both veteran-centric and mainstream community resources that can support SMVF who reach out to them for help.

Additionally, the DMVA continues to collaborate with the Department of Human Services on the resource and referral tool development that was briefed to the SR 170 Advisory Committee during the September 10, 2020 meeting by Nora Carreras, Special Advisor to the Secretary. The tool will serve as a care coordination system for providers such as health care and social services organizations and will include a closed-loop referral system that will report on the outcomes of the referrals. It will also serve as an access point to search and obtain meaningful information to help Pennsylvanians find and access the services they need to achieve overall well-being and improve health outcomes.

¹⁴ *Id.*

Act 69 of 2017, effective February 22, 2018, sets the requirement for all state agencies to collaborate with the DMVA to register every Pennsylvania veteran.¹⁵ As each agency serves a Commonwealth resident who can be identified as a veteran, that person will be enrolled in the Pennsylvania Veterans' Registry.

The DMVA Veterans' Registry was created to connect Pennsylvania veterans to state and federal benefits and programs to which they are entitled. The goal is to create a proactive process to ensure veterans receive the benefits and support they may need. The information in the registry assists the DMVA in referring veterans to all of Pennsylvania's programs and services.

As of October 23, 2020, there were a total of 33,349 veterans and 1,179 non-veterans, an increase of nearly 5,000 registrants since April 6, 2020. The registry has about 1,200 records that are duplicates, and the DMVA is working with PA Interactive to address this concern and have restrictions on entry fields within the registry to prevent future duplicate records.¹⁶

2016 Recommendation: *Enhance educational campaign throughout various channels to deliver information about existing programs and services to veterans as well as their families, who are often less familiar with this information than veterans themselves.*

There are currently more than 30,000 veterans, family members, and veteran advocates listed within the Pennsylvania Veterans Registry and that are receiving the DMVA Digest, a digital communications campaign utilized to sustain weekly contact with a target population.

Additionally, through PA VETConnect, the DMVA is exploring the concept of Regional Advisory Board meetings. These boards will become an integral aspect by providing a path forward for PA VETConnect and other DMVA programs and services as well as identifying needs and gaps in services within each region and developing solutions to those shortfalls. As a forum and conduit to receive feedback from various stakeholders, these boards will serve as a means for veteran advocates within a region to discuss regional shortcomings in veteran services as well as develop strategies to address those areas.

The DMVA has carefully reviewed findings and recommendations of the Joint State Government Commission's 2016 report as well as other related studies. The 5 year strategic plan has been carefully crafted to address many of these issues to build trust among veterans and their families. Relationships and partnerships are being built with service providers in federal, state, and local governments aimed at meeting the emerging needs of veterans and their families. The DMVA has focused its efforts, goals, and strategic planning to better serve the veterans of this Commonwealth and to remain agile, connected, and a lead advocate for the service members, veterans, and their families.¹⁷

¹⁵ Act 69 of Dec. 22, 2017 (P.L. 1224, No.69).

¹⁶ *Id.*

¹⁷ *Id.*

VETERAN DEMOGRAPHICS AND FUNDING

Veteran Population in Pennsylvania

Pennsylvania has a large population of veterans compared to many other states. This phenomenon reflects a time when Pennsylvania was one of the most populous states. Thus, Pennsylvania’s veterans tend to be older and typically served during the World War II, Korean War, and Vietnam War eras.¹⁸ Pennsylvania has a higher proportion of veterans from these service eras than the national average, and a lower proportion of veterans from the First Gulf War and Second Gulf War eras, which encompasses the time frame from 1991 to the present day.¹⁹ The following table shows a demographic breakdown of U.S. veterans as well as Pennsylvania’s veterans in 2015 and 2017.

Table 1			
Pennsylvania Veteran Demographics			
	U.S.	Pennsylvania 2015	Pennsylvania 2017
<u>Veteran Population</u>			
Male	18,115,951	846,000	759,164
Female	1,882,848	71,000	60,021
Total	19,998,799	917,000	819,185
<u>Age 65+</u>			
	9,410,179	473,000	453,299
<u>Health Care</u>			
Enrollees in VA Health Care	9,116,200	351,960	347,714
Unique Patients Treated	6,035,183	234,347	231,261
<u>Benefits</u>			
Receiving Disability	4,552,819	116,648	125,847
Receiving Pension	276,570	12,917	11,797
Dependency & Indemnity Compensation	411,390	12,338	13,039

¹⁸ Joint State Government Commission, *supra* note 8, at 5.

¹⁹ U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, “State Summary: Pennsylvania,” Sept. 30, 2017, https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Pennsylvania.pdf.

Table 1
Pennsylvania Veteran Demographics

	U.S.	Pennsylvania 2015	Pennsylvania 2017
<u>Facilities</u>			
Inpatient Care Sites	154	9	8
Outpatient Care Sites	1,029	47	40
Vet Centers	300	12	12
VBA Regional Offices	56	2	2
Cemeteries	246	5	5

Source: Compiled by Commission staff with data from U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, State Summary: Pennsylvania, Sept. 30, 2017 and Joint State Government Commission, Veterans Benefits and Programs in Pennsylvania, Dec. 2016.

Comparing the U.S. Department of Veterans Affairs’ (VA) data on Pennsylvania veterans from 2015 to 2017 (the last year for which state-level data was available from the VA), the total number of veterans residing in Pennsylvania has declined by roughly 98,000 and the number of veterans aged 65 and older residing in Pennsylvania declined by 20,000.

Further, compared to veterans nationally, Pennsylvania has a higher percentage of veterans in the 65 and older age group and a higher percentage of veterans in the World War II, Korean War, and Vietnam War service periods and a lower percentage who served during the Gulf War and Gulf War II/Global War on Terror eras.²⁰

By September 2020, the Commonwealth’s number of World War II-era veterans is projected to decline to 15,839 from 49,954 in 2015, Korean War-era veterans are projected to decline to 53,178 from 95,211 in 2015, and Vietnam-era veterans are projected to decline to 255,236 from 296,195.²¹

The VA is projecting that the overall number of veterans across the country and nationally will shrink, as the generations which had a higher percentage of people enlist pass away. The number of veterans in Pennsylvania declined from 939,069 in 2014 to 894,681 in 2016 to 819,185 in 2017. In fiscal year 2019, the VA counted the Commonwealth’s veteran population at 768,094.²² The VA is projecting an overall declining veteran population nationwide. The VA is also projecting that women will increase as a percentage of all veterans.²³ See Figure 2 below.

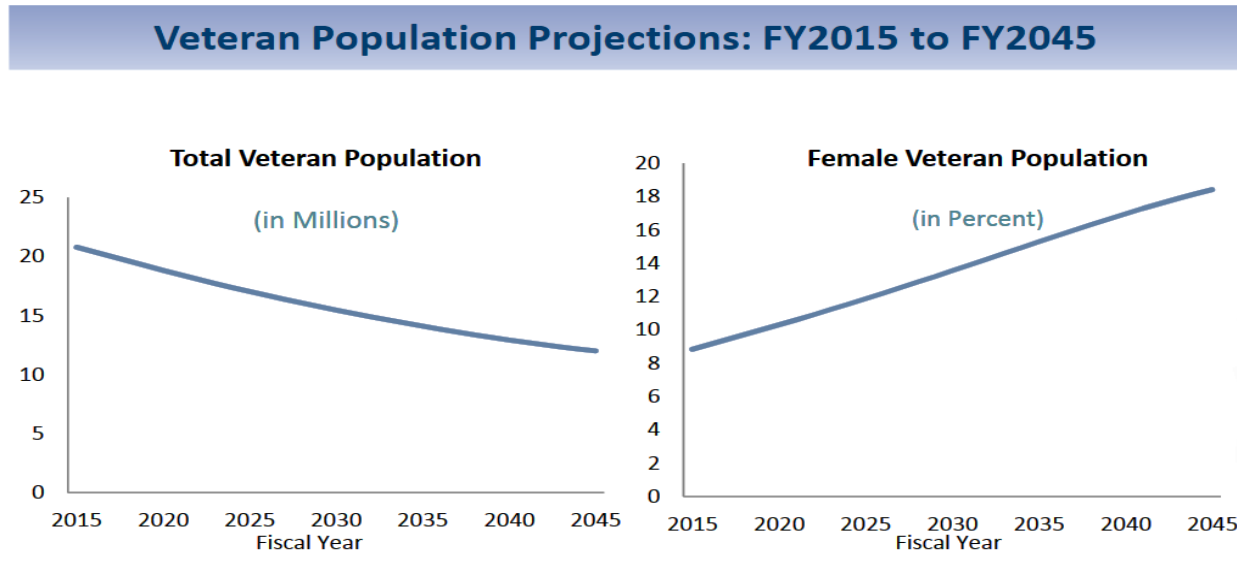
²⁰ *Id.*

²¹ *Id.*

²² U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, “FY 19 Summary of Expenditures by State,” accessed May 11, 2020, <https://www.va.gov/vetdata/report.asp>.

²³ U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, “Veteran Population Projections: FY015 to FY2045,” (Sept. 2018), https://www.va.gov/vetdata/docs/QuickFacts/Population_quickfacts_2018.PDF.

Figure 2



Although projections are never set in stone, they can give policymakers an indication of what the veteran population may look like in the future so that services may be directed to where they are most needed. As Vietnam War-era veterans age, they will require more health care services. Female veterans, whose population is growing and who are making up a greater share of the total veteran population, may have unique health, social, and economic needs.

Rural veterans, who make up 27 percent of Pennsylvania’s veterans, may have transportation issues as they travel farther to access care. Post-9/11 veterans (who are also referred to as Gulf War II or Global War on Terror veterans) residing in rural areas may be more dependent on VA health care as the availability of private medical insurance declines and the cost of private medical care increases.²⁴ The concerns of rural veterans may be of particular note to policymakers because veterans residing in rural areas make up a disproportionate share of veterans. According to a 2014 survey by the VA, 24 percent of the veteran population in the United States resided in rural areas, compared to 18.6 percent of the civilian population. Further, rural veterans represent 34 percent of the total enrollees in the VA health care system, and of them 33 percent are Post-9/11 veterans.²⁵

²⁴ Marianne M. Hillemeier, *et al.*, for the Pennsylvania General Assembly, Center for Rural Pennsylvania, “An Examination of Transportation Services Available to Rural Military Veterans for Medical Services,” Jan. 2012, https://www.rural.palegislature.us/documents/reports/transportation_services_for_veterans_2011.pdf.

²⁵ U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, “Characteristics of Rural Veterans: 2014 Data from the American Community Survey,” https://www.va.gov/vetdata/docs/SpecialReports/Rural_Veterans_ACS2014_FINAL.pdf.

Employment

Across the United States, veterans face less unemployment than non-veterans. The unemployment rate for veterans in December 2019 was 2.9 percent, compared to 3.4 percent for non-veterans. December 2019 was the sixteenth consecutive month wherein the veteran unemployment rate was lower than the civilian unemployment rate.²⁶

Pennsylvania had 320,047 veterans between the ages of 18 and 64 in 2018. Of these, 248,241 were in the labor force, for a labor force participation rate of 77.6 percent. The labor force participation rate for non-veterans in 2018 was 77.3 percent. In 2018, the unemployment rate for veterans in Pennsylvania was 4.4 percent, while the non-veteran unemployment rate during the same time period was 4.8 percent. Montgomery, Lebanon, Franklin, York, and Bucks County had the highest veteran labor force participation rates.²⁷

Mirroring national trends, veterans in Pennsylvania have a higher labor force participation rate and a lower unemployment rate than non-veterans. Nonetheless, vocational rehabilitation and employment services remain a vital component of services provided to veterans.

Homelessness

The latest estimate from the U.S. Department of Housing and Urban Development on homelessness in America shows a marked decline in the number of homeless veterans in Pennsylvania. The Commonwealth saw a decline of 125 homeless veterans between 2018 and 2019, one of the largest decreases in absolute numbers. On any given night in 2019, Pennsylvania had 857 homeless veterans.²⁸ Although there would be no homeless veterans in an ideal world, this figure represents progress in reducing veteran homelessness and is the lowest number of homeless veterans in the Commonwealth in over a decade. It should be noted that the vast majority of homeless veterans counted in the Commonwealth received some form of shelter, with only 37 remaining unsheltered.²⁹

Pennsylvania has made great strides in reducing veteran homelessness. In 2019, the U.S. Department of Housing and Urban Development announced that the Western Pennsylvania Continuum of Care (COC) effectively ended homelessness for veterans in 20 counties. The Western Pennsylvania COC accomplished this feat by using a “housing first” approach to

²⁶ U.S. Department of Labor, Veterans’ Employment & Training Service, “Veteran Unemployment Rate 2.9% in December,” *Newsletter*, Jan. 2020, <https://www.dol.gov/agencies/vets/newsletter>.

²⁷ Pennsylvania Department of Labor and Industry, Center for Workforce Information & Analysis, “Veterans in Pennsylvania,” Jan. 2020, https://www.workstats.dli.pa.gov/Documents/Veterans_Packet/Veterans_Packet.pdf.

²⁸ U.S. Department of Housing and Urban Development, Office of Community Planning and Development, “The 2019 Annual Homeless Assessment Report (AHAR) to Congress, Part I: Point-in-Time Estimates of Homelessness,” Jan. 2020, <https://files.hudexchange.info/resources/documents/2019-AHAR-Part-1.pdf>.

²⁹ U.S. Department of Housing and Urban Development, Office of Community Planning and Development, “HUD 2019 Continuum of Care Homelessness Assistance Programs Homeless Populations and Subpopulations — Pennsylvania,” Sept. 20, 2019, https://files.hudexchange.info/reports/published/CoC_PopSub_State_PA_2019.pdf.

homelessness and working with the VA Medical Centers as well as various non-profit organizations.³⁰

In 2014, the U.S. Interagency Council on Homelessness launched the Mayors Challenge to End Veteran Homelessness initiative. This initiative “calls on cities, counties and states to commit to ending and preventing homelessness among veterans in their communities.” The strategies that have been successful in reducing or eliminating veteran homelessness in hundreds of localities across the country include “[t]argeting high-need cities and communities where most homeless Veterans are,” synchronizing programs and coordinating outreach among VA and local social services, and leveraging VA and community resources.³¹

Aside from the recent success of the Western Pennsylvania COC, several other communities in the Commonwealth have been able to end veteran homelessness within their jurisdictions. These include Philadelphia, Berks County, Lackawanna County, the Lehigh Valley, Delaware County, and Lancaster Counties.³²

The VA also helps veterans who are homeless or are at imminent risk of becoming homeless through its National Call Center for Homeless Veterans (1-877-424-3838). The call center assists homeless veterans and veterans at risk of homelessness by connecting them with appropriate VA and community-based resources.³³

The VA’s Health Care for Homeless Veterans (HCHV) program provides a gateway to VA and community support services for eligible veterans. Initially serving as a mechanism to contract with providers for community-based residential treatment for homeless veterans, HCHV now serves as the hub for a myriad of housing and other services that provide the VA with a way to reach and assist homeless veterans by offering them entry to VA care. The Contract Residential Treatment aspect of HCHV provides quality, community-based, supportive housing to homeless veterans with serious mental health diagnoses.³⁴

The Homeless Veterans Supported Employment Program (HVSEP), another initiative of the VA, “provides vocational assistance, job development and placement, and ongoing supports to improve employment outcomes among homeless veterans and veterans at-risk of homelessness.” The VA also offers a Compensated Work Therapy program to homeless veterans, providing them with shelter, training, and employment as they transition to stable employment. Similarly, the

³⁰ Pennsylvania Governor’s Office, “Governor Wolf Commends Western PA Continuum of Care on Ending Veteran Homelessness, Urges Continued Action,” Sept. 13, 2019, <https://www.governor.pa.gov/newsroom/governor-wolf-commends-western-pa-continuum-of-care-on-ending-veteran-homelessness-urges-continued-action/>.

³¹ U.S. Department of Veterans Affairs, “Homeless Veterans — Mayors Challenge,” Feb. 19, 2019, https://www.va.gov/HOMELESS/Mayors_Challenge.asp.

³² U.S. Interagency Council on Homelessness, “Communities that Have Ended Homelessness,” accessed May 26, 2020, <https://www.usich.gov/communities-that-have-ended-homelessness>.

³³ U.S. Department of Veterans Affairs, “Homeless Veterans,” May 22, 2020, <https://www.va.gov/homeless/index.asp>.

³⁴ U.S. Department of Veterans Affairs, “Health Care for Homeless Veterans,” Feb. 25, 2019, <https://www.va.gov/homeless/hchv.asp>.

VA’s Vocational Rehabilitation and Employment (VR&E) Program helps veterans with service-connected disabilities to prepare for, find, and keep suitable employment.³⁵

The Veterans Metrics Initiative

The Veterans Metrics Initiative (TVMI), also known as the Transitioning Veterans Survey (TVS), was implemented with a sample of veterans drawn from a population of military personnel who transitioned out of the military from June 2016 through September 2016. TVMI hosted a survey which was conducted in six waves with 202 veterans from the Commonwealth of Pennsylvania participating in wave one and a total of 268 Pennsylvanians participating through all six waves.

The majority of Pennsylvania veterans participating were male, at 87 percent, and the mean age was 35 years old. Nearly 85 percent of the participating veterans were white, non-Hispanic; six percent black, non-Hispanic; four percent were Hispanic; and approximately six percent were identified as another race. In wave one, surveys were completed with responses categorized under social, health - suffering from a medical condition and financial characteristics among the 202 veterans participating from Pennsylvania. See Table 2.

Table 2
Wave One - Well Being Characteristics
The Veterans Metrics Initiative (TVMI) Veterans Survey
2016

Characteristic	Percentage of responses
Social (n=202)	
Socially isolated rated social support as not at all or very little	11%
Volunteer work (excluding time spent helping friends, relatives and/ or neighbors)	20
Health - suffering from a medical condition (n=202)	
Ongoing physical health condition, illness, or disability	49
Ongoing mental/emotional health condition, illness, or disability	22
Met the criteria for probable alcohol misuse	40
Met criteria for probable PTSD symptoms	20
Met criteria for probable anxiety	20
Met criteria for probable depression	15
Endorsed - how often you had thoughts that you would be better off dead or of hurting yourself in some way	6

³⁵ U.S. Department of Veterans Affairs, “Homeless Veterans — Homeless Veterans Employment,” Apr. 13, 2020, <https://www.va.gov/homeless/employment.asp>.

Table 2
Wave One - Well Being Characteristics
The Veterans Metrics Initiative (TVMI) Veterans Survey
2016

Characteristic	Percentage of responses
Financial (n=202)	
Met criteria for problematic financial events	20
Utilized the VA home loan program	30

Source: Daniel F. Perkins, Ph.D., “Recently Discharged Veterans who reside in Pennsylvania” The Veterans Survey Exploratory Meeting, March 4, 2020.

About 11 percent of the Pennsylvania veterans who responded to the survey were socially isolated and rated their social supports as "not at all" or "very little." Under the health category, 49 percent reported ongoing physical health conditions, illness or disability and 40 percent met the criteria for possible alcohol misuse. Finally, 20 percent met the criteria for problematic financial events. Because of the small sample size, these results cannot be generalized to the entire population of Pennsylvania. However, these results can provide insight and a better understanding of Pennsylvania veterans and their unique needs as they transition out of the military.³⁶

Funding

Every fiscal year, the National Center for Veterans Analysis and Statistics (NCVAS) releases the Geographic Distribution of VA Expenditures (GDX) for the public and all stakeholders. The GDX report provides the estimated dollar expenditures for major VA programs at the state, county, and congressional district levels in the following categories: Compensation and Pension; Education and Vocational Rehabilitation and Employment; Insurance and Indemnities; Construction and Related Costs; General Operating Expenses and Related Costs; Loan Guaranty; and Medical Expenditures.³⁷ For fiscal year 2019, the total expenditures of the VA in Pennsylvania was approximately \$6.107 billion.³⁸ See Figure 3. In comparison, the spending in 2015 totaled approximately \$5.4 billion.³⁹

³⁶ Daniel F. Perkins, Ph.D., “Recently Discharged Veterans who reside in Pennsylvania” The Veterans Survey Exploratory Meeting, (March 4, 2020).

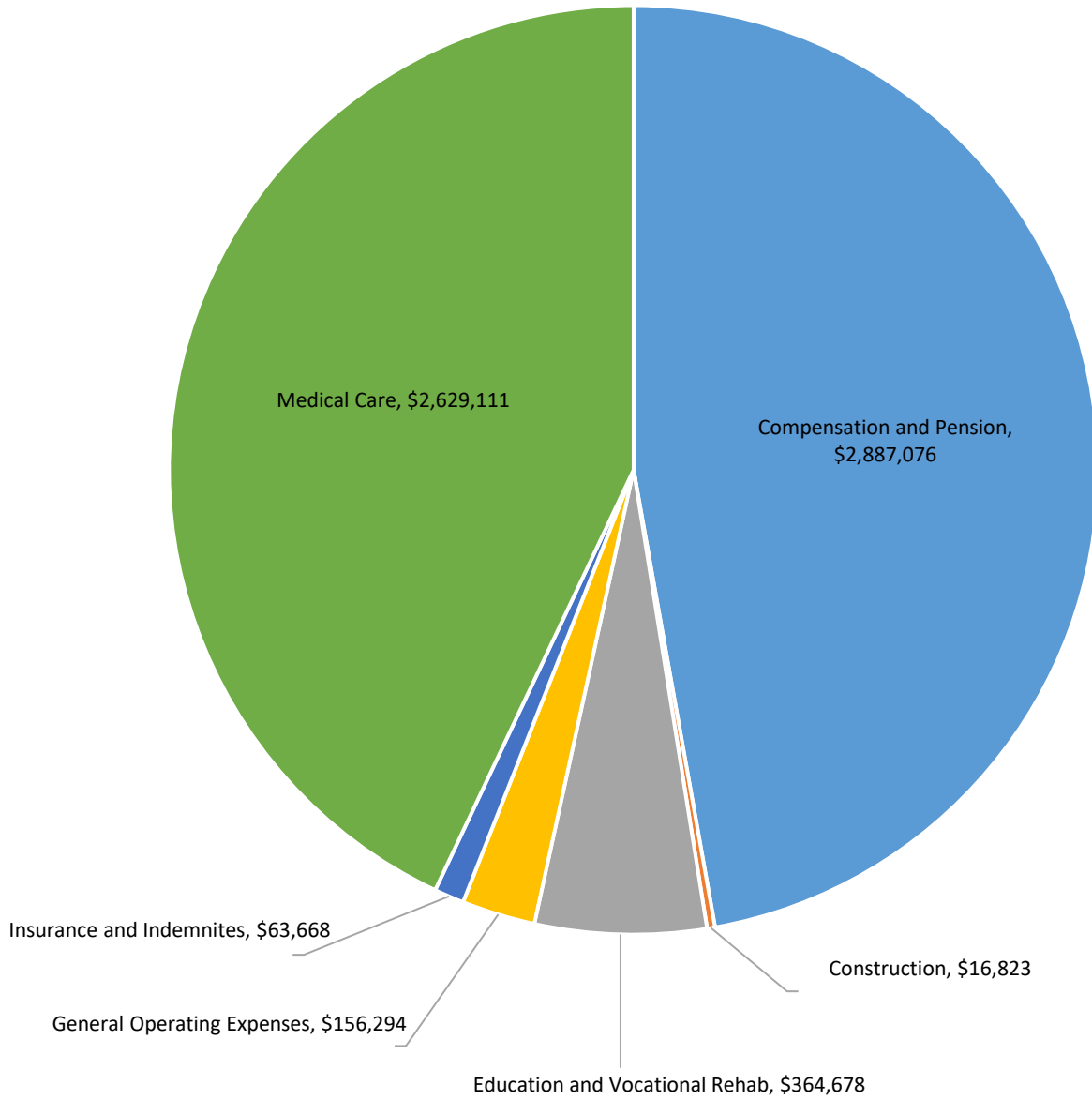
³⁷ U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, May 14, 2019, “GDX Infographic” https://www.va.gov/vetdata/docs/GDX/GDX_Infographic.pdf.

³⁸ US. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, 2019, “Expenditure Tables,” http://www.va.gov/vetdata/docs/GDX/GDX_FY19.xlsx.

³⁹ U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, 2018, “Expenditure Tables,” http://www.va.gov/vetdata/docs/GDX/GDX_FY18.xlsx.

Figure 3

**U.S. Department of Veterans Affairs
Expenditures in Pennsylvania, in thousands
Fiscal Year 2019**



Source: Compiled by Commission staff with data from U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, FY 19 Summary of Expenditures by State.

With a dual mission to provide quality service to the Commonwealth's veterans and their families and to oversee and support the members of the Pennsylvania National Guard (PNG), the DMVA's funding primarily goes towards veterans' homes and pension programs, with limited funding for outreach programs.⁴⁰ In FY 2019-20, the DMVA had a total budget of \$373 million, comprised of \$160 million in state-appropriated funds, \$183 million in federal funds, and \$30 million in augmentations and special funds. While the funding allows the DMVA to continue to support its priorities, which are to provide superior care for veterans, increase veteran's outreach activities, and support the readiness and training of our National Guard, it also contained costs by reallocating funds within DMVA.⁴¹

⁴⁰ Governor Tom Wolf, *Executive Budget*, E33-1 to E33-110, 2020-2021, <https://www.budget.pa.gov/PublicationsAndReports/CommonwealthBudget/Documents/2020-21%20Proposed%20Budget/2020-21%20Executive%20Budget%20Book%20-%20Web%20Version.pdf>.

⁴¹ Anthony J. Carrelli, Adjutant General, DMVA, Testimony House Appropriations Committee, February 19, 2020, https://www.legis.state.pa.us/WU01/LI/TR/Transcripts/2020_0014_0001_TSTMNY.pdf.

VETERAN SERVICE NETWORKS AND ORGANIZATIONS

Pennsylvania Department of Military and Veterans Affairs

The Pennsylvania Department of Military and Veteran Affairs (DMVA) has a mission as “a diverse team of professionals who strengthen our Commonwealth by serving our Service Members, Veterans and their Families (SMVF) while preparing military personnel to safeguard our way of life.”⁴² The Pennsylvania Office of Veterans Affairs, within the DMVA, is composed of a headquarters element and two bureaus that are charged with strategic planning to meet the emerging needs of service members, veterans and their families, and the daily operations of the office to deliver federal, state and local benefits, services, and programs that have been earned by military service to the United States of America.

The headquarters element is led by the Deputy Adjutant General for Veterans Affairs (DAG-VA). This element is charged with leading strategic planning and managing projects and initiatives that guide efforts as they carefully manage change to meet the emerging needs of the SMVF community. By concentrating resources in the areas of providing long term care for veterans, strategic planning, outreach, and advocacy, the Office of Veterans Affairs (OVA) continues to improve the lives of the SMVF community within the Commonwealth. Its strategic plan is the roadmap that it will utilize over time to accomplish a coordinated set of initiatives designed to achieve overarching goals and manage change to ensure that they are focused on the needs of veterans and their families, which are best described as follows:

EDUCATION - To continue to educate veterans, their families, and those that serve them; on the various federal, state and local benefits for which they are eligible. To educate community leaders and fellow citizens about both the military culture and the value veterans bring back into community. To continue to maintain high levels of competency and accreditation for Veteran Service Officers (VSO) and veteran advocates who are charged with assisting veterans and their families.

AWARENESS - To increase awareness of veterans throughout the Commonwealth. Veterans are a strong presence in nearly every community of the Commonwealth, and advocacy must include a strong voice that highlights the value and challenges that veterans bring into the community. Federal, state, and local partners have made a significant investment in infrastructure that supports veterans and those investments also translate into significant economic contributions and employment opportunities within the community. It is inherent to share the

⁴² E-mail from R. Hamp, Special Assistant to the Deputy Adjutant General for Veterans Affairs, DMVA, (Aug. 27, 2020) (on file with the Joint State Government Commission).

message of selfless service, sacrifice, and patriotism that form the foundation of military service. Veterans cannot accept mediocrity from the Commonwealth and communities cannot be allowed to lose sight of the fact that one in twelve community members is a veteran.

ACCESS - To continue aggressive action to increase access for veterans to competent, professional, and well-trained VSOs and veteran advocates who are dedicated to helping veterans and their family members to obtain the full measure of veterans benefits to which they are entitled. Provide trained VSOs with access to state-of-the-art automation that meets DoD and USDVA compatibility requirements so as to facilitate the “Fully Developed Claims” (FDC) initiative. Facilitated access also includes the ability to refer veterans to sister departments and agencies, community partners, and non-profit organizations when gaps are found in services that are not covered by the OVA’s veterans benefits, services or programs.

The DAG-VA implements change and delivers benefits, services, and programs to the SMVF through the Bureau of Veterans Homes and the Bureau of Programs, Initiatives, Reintegration and Outreach. The OVA manages a number of state benefits programs, including six state veterans’ homes, an effective Outreach and Reintegration Program, The Veterans Trust Fund, and the Veteran Service Officer Grant Program (ACT 66 of 2007) in direct support of its legislated mission.

The Bureau of Veterans Homes (BVH) operates six long-term care facilities across the Commonwealth providing services to qualified veterans and their spouses. State veterans’ homes provide a combination of personal care, skilled nursing and dementia care. In addition to these types of clinical care, the homes provide pharmacy services; physical, occupational, and speech therapy; social services; therapeutic and recreational activities; transportation; barber and beauty services; religious and spiritual activities; and hospice care. The homes operate through several funding streams to include direct state funded budgets, federal reimbursement, third party insurance, and monthly maintenance fees. Maintenance fees are calculated based upon the residents’ ability to pay and few residents pay the full cost of their care. A brief description of each home is below:⁴³

- The Pennsylvania Soldiers and Sailors Home (PSSH) is the oldest of the state veterans’ homes in Pennsylvania. Opening after the conclusion of the Civil War, in February 1886, PSSH is located in the city of Erie. The home provides a total of 207 beds and delivers personal care, skilled nursing care, and memory care.
- Opened in January 1994, the Gino J. Merli Veterans’ Center (GJMVC) marked the first new construction of a veteran’s home in Pennsylvania since 1886. The 196-bed facility located in Scranton, Lackawanna County delivers skilled nursing and memory care.

⁴³ *Id.*

- Located in Blair County, the Hollidaysburg Veterans' Home (HVH) is the largest of the state veterans' homes. This facility is situated on 326 acres in Hollidaysburg PA. The HVH opened in June 1977, taking over the facilities of the former state hospital. The sprawling campus provides 171 beds that deliver personal care, skilled nursing care, and memory care.
- The Southeastern Veterans' Center (SEVC) opened in December 1986 on the grounds of the former Pennhurst State Hospital in Spring City, Chester County. The facility offers 292 beds in two buildings and is the newest veterans' home. The Community Living Center (CLC) was constructed in 2012. SEVC delivers personal care, skilled nursing care, memory care and is preparing to deliver adult day care services for veterans in the spring of 2021.
- Located in Pittsburgh, Allegheny County, The Southwestern Veterans' Center (SWVC) opened in November 1997. The home provides 236 skilled beds and delivers skilled nursing care and memory care.
- The newest of the six homes, Delaware Valley Veterans' Home (DVVH) opened in 2002. The home is located in the city of Philadelphia but is surrounded by the Benjamin Rush State Park. The home offers 171 beds and deliver skilled nursing and memory care.

The Bureau of Programs, Initiatives, Reintegration and Outreach (PIRO) leads the effort to deliver assistance to veterans and their families through the benefits, services, and programs it manages. As the lead veteran advocate within the Commonwealth, it is its inherent responsibility to ensure that veterans, or their eligible family members, receive the full measure of benefits that they have earned. PIRO is composed of the Philadelphia Field Office, Pittsburgh Field Office, the Division of Programs and Services, and the Division of Outreach and Reintegration.

The Philadelphia Field Office provides on-going continuing education with 40 County Director Offices and provides assistance to three of the six state veterans' homes. Personnel at this field office assist with the review of federal VA rating decisions and ensure that all contentions in each veterans claim have been addressed. It receives referrals from many non-profit organizations and state legislators to request assistance with federal VA claims. In addition, it verifies and inputs federal VA payments into the VetraSpec claims management software, manages users in the Defense Personnel Records Information System (DPRIS), assists with public contacts, provides assistance with state benefits, services, and programs, assists the Regional Program Outreach Coordinators (RPOC), and provides information within the PA VETConnect program.

These personnel conduct outreach with the Philadelphia Veteran's Court and also conduct outreach for town hall meetings at VA locations. They attend quarterly VSO meetings at each of the eastern VA Medical Centers, visit nursing facilities with Pennsylvania Department of Aging Area Agency of Aging representatives and hospice staff and conduct BVA hearings as representation for veterans who have filed appeals. On a monthly average, field office staff review over 250 rating decisions, conduct 15 remote access applications, track and provide assistance to

the VA's electronic claims system Digits to Digits (D2D), input 500 payment awards into the VetraSpec system, process state benefits, and manage more than 300 pages of related claims documents. They also review, submit, and track more than 400 federal VA compensation and pension claims. VSOs in the Philadelphia Field Office also conduct site visits to each of the county directors they support and three state veterans' homes to ensure that veterans claims stay current and accurately reflect their current physical and medical conditions.

The Pittsburgh Field Office provides on-going continuing education with 37 County Director Offices and provide assistance to three of the six state veterans' homes. Personnel at this field office assist with the review of federal VA rating decisions and ensure that all contentions in a veterans claim have been addressed. They receive referrals from many non-profit organizations and state legislators to request assistance with federal VA claims. They verify and input Federal VA payments into the VetraSpec claims management software, manage users in the Defense Personnel Records Information System (DPRIS), assist with public contacts, provide assistance with state benefits, services and programs, assist the Regional Program Outreach Coordinators (RPOC) and provide information within the PA VETConnect program. These personnel conduct outreach with the Veteran's Courts in their region and also conduct outreach for town hall meetings at VA locations. They attend quarterly VSO meetings at each of the western VA Medical Centers, and conduct BVA hearings as representation for veterans who have filed appeals. On a monthly average, field office staff review over 2,500 pieces of mail, track, and provide assistance to D2D users, input 150 payment awards into the VetraSpec system, process state benefits, and manage related claims documents. They also review, submit, and track more than 150 federal VA compensation and pension claims. VSOs in the Pittsburgh Field Office also conduct site visits to each of the County Directors they support and three state veterans' homes to ensure that veterans claims stay current and accurately reflect their current physical and medical conditions.

The Division of Programs and Services is responsible to manage and deliver federal and state benefits, services and programs. These include:

DISABLED VETERANS' REAL ESTATE TAX EXEMPTION: This program provides a benefit for eligible veterans who are residents of the Commonwealth. It provides that eligible veterans shall be exempt from the payment of all real estate taxes levied upon any building and land provided that all eligibility criteria are met. The veteran must be honorably discharged, served during an official war or armed conflict, have suffered a service-connected "100% permanent or total disability," as determined by the USDVA, and demonstrate financial need. He/she must also be the sole property owner or own jointly with their spouse and must occupy the property as his/her principal dwelling. Service dates are established by the USDVA. Upon the death of a qualified veteran, tax exemption may pass on to the unmarried surviving spouse if financial need can be demonstrated. The DMVA's intent is to sustain this program with moderate growth while exploring potential options to provide an equitable tax incentive to recognize the honorable service of all veterans.

BLIND VETERANS' PENSION: This program provides a monthly pension of \$150 to any honorably-discharged veteran, who was a resident of Pennsylvania upon entering the military and had suffered a service-connected injury or incurred a disease that resulted in a loss of vision, as officially determined by the USDVA. It is the DMVA's intent to sustain this program with moderate growth.

AMPUTEE AND PARALYZED VETERANS' PENSION: This program provides a monthly pension of \$150 to any honorably-discharged veteran who was a resident of Pennsylvania upon entering the military and had suffered a service-connected injury or disease that resulted in a service-connected disability rating of 40 percent or higher for each of two or more extremities. It is the DMVA's intent to sustain this program with moderate growth.

EDUCATIONAL GRATUITY PROGRAM: This program provides that any child of an honorably-discharged veteran, who was a resident of Pennsylvania upon entering the military and had suffered a service-connected "100% permanent and total" disability, as determined by the USDVA, or had died in service as a result of war or armed conflict, can earn educational gratuities not exceeding \$500 per semester for a maximum of four academic years. It is the DMVA's intent to sustain this program with moderate growth.

PERSIAN GULF CONFLICT VETERANS' BENEFIT: A program in which any honorably-discharged or current service member, who was a resident of Pennsylvania upon entering the military and had served on active military duty in the Persian Gulf theater of operations during the period from August 2, 1990 until August 31, 1991 and who received the Southwest Asia Service Medal is entitled to compensation for his service.

VETERANS SERVICE OFFICER GRANT PROGRAM: By enhancing outreach efforts the Office of Veterans Affairs has demonstrated its ability to successfully identify, contact and assist thousands more veterans and their families, and more importantly, delivered well deserved benefits and services to them. Comprehensive approach to outreach is a proven success. During the past two years, the DMVA-OVA, Division of Outreach and Reintegration have worked diligently to provide a familiar and veteran friendly face to the veterans of this Commonwealth. Outreach teams are dedicated to working with Veteran Service Organization partners, County Directors of Veterans Affairs, Legislators, and other Community Partners to educate communities on the added value veterans bring back to the community; increase awareness, and to provide easy access to experts that can assist veterans receive the benefits, services, and programs they are eligible for. Investment in the Veteran Service Officer Grant Program has been extremely successful. For every one dollar of state funds invested into this program, \$93 of federal benefits were returned to veterans and their families. The DMVA continues to support the expansion of the Veteran Service Officer Grant program, allowing the DMVA to reach and provide services to more of veterans and their families.

VETERANS TRUST FUND (VTF): The VTF was established to supplement government funding of veterans programs. It is a special, non-lapsing state fund that can pursue long-term initiatives for veterans. The VTF was established to leverage more diverse funding sources in an effort to enhance current programs and services and to fund grants to private programs or projects that support veterans and their families. The VTF draws its revenue from three primary sources

that include the sale of honoring veterans license plates, grants or gifts from public and private entities, and the voluntary \$3 check-offs from purchases of drivers' licenses and vehicle registrations. The VTF provides an annual Notice of Funding Announcement (NOFA) to announce the focus and monetary amounts of grants to be awarded during each state fiscal year. Grants awarded under this program directly benefit veterans and their families. These awards are as generous as possible while ensuring that a fiscal responsibility is maintained to the VTF. "On-Line Donation" capability facilitate the ability for electronic donations to the VTF. Additionally, the VTF provides funding for temporary financial aid in an emergency to veterans and their beneficiaries who reside in Pennsylvania for the necessities of life (food, shelter, fuel, clothing, and medical expenses). The veteran must have served honorably and be a resident of Pennsylvania. The veteran must demonstrate a financial need and show a loss of income or increase in expenses that render the applicant temporarily unable to provide themselves with the necessities of living. Upon the death of an eligible veteran, the unmarried spouse may remain eligible for the benefit. Veterans, or their eligible dependents, may apply for this benefit through their County Director of Veterans Affairs in the county in which they reside. If eligible, the veteran or their beneficiary can qualify for an amount not to exceed \$1,600 in a twelve-month period. Emergency financial assistance to veterans and their families will continue on an as-needed basis while remaining fiscally responsible to the Veterans Trust Fund (VTF). The goal is to increase the amount of funding that the DMVA can dedicate to veterans initiatives through the VTF grant program.

PA DRIVER'S LICENSE VETERAN DESIGNATION: This program provides for Pennsylvania veterans to obtain the "Veteran Designation" on their state driver's license. The veteran must be a resident of the Commonwealth and have served honorably to be eligible for the veteran designation.

MILITARY FAMILY RELIEF ACT PROGRAM: This program provides emergency financial assistance to eligible Pennsylvania service members and their eligible family members who have a direct and immediate financial need as a result of circumstances beyond their control. The program applies to Pennsylvania residents who serve 30 or more consecutive days of active duty with the Armed Forces of the United States or its reserve components; service of 30 or more consecutive days of active duty or state active duty in the Pennsylvania Army or Air National Guard; are a member in good standing of any reserve component of the Armed Forces of the United States, including the Pennsylvania National Guard, for a period of three years after release from a tour of active duty, authorized under Title 10 or Title 32, United States Code (other than active duty for training), of 30 or more consecutive days, when the need for assistance is directly related to the member's performance of active duty; is a member in good standing of the Pennsylvania National Guard for a period of three years after release from a tour of state active duty of 30 or more consecutive days, when the need for assistance is directly related to the member's performance of state active duty, or a former member of the Armed Forces of the United States or its reserve components, including the Pennsylvania National Guard for a period of four years after a medical discharge for a medical disability incurred in Line of Duty and the reasons arising to the discharge did not exist prior to the member's military service. Assistance to eligible members and their families will continue to be provided while sustaining moderate growth as determined by need.

THE PENNSYLVANIA VETERANS' MEMORIAL: This memorial is located at the Indiantown Gap National Cemetery in Lebanon County. This memorial honors Pennsylvania veterans of all eras. The Division of Programs and Services manages the Trust Fund associated with the memorial, plans, and executes repairs, manages the operational upkeep and landscaping, and manages the official memorial cruciforms that are utilized at the memorial.

THE PENNSYLVANIA VETERANS REGISTRY: This registry allows veterans, family members and people who work with veterans/veteran advocates to connect with DMVA; to request information on the valuable federal and state benefits, programs and services that are offered. By opting in, registered veterans will receive timely communications from the department such as newsletters, veteran press releases, and program updates.

THE DMVA DIGEST: The digest is a weekly publication that provides updates, highlights, and various links to information that affect the SMVF population. This weekly publication is delivered to SMVF via electronic distribution and can be printed for hard copy distribution as needed.

DD214/215 PROGRAM: These documents are so important to SMVF seeking to utilize the benefits, services, and programs they earned through military service. It is recommended that veterans record their DD214/215 with their county courthouse so they are able to obtain free certified copies of these records for the remainder of their life. Also, it is recommended that veterans provide a copy of this important Record of Service and discharge so that verification of service and free copies can be provided to the veteran when needed. The Office of Veterans Affairs maintains a database of DD214/215 records for Pennsylvania veterans who have shared copies of these documents. Once filed in a database, the Office of Veterans affairs is able to provide a validated "Statement of Service" that is an authoritative source of information that can be utilized when seeking employment or other benefits.

MILITARY RECORDS REQUEST PROGRAM: The Office of Veterans Affairs will assist military personnel and veterans with completing a Request for Military Records (SF 180). Military records (including health care records) are often needed to verify service and confirm eligibility for benefits. Likewise, military health care records are often needed to assist with filing claims for VA benefits. The Office of Veterans Affairs will also assist Pennsylvania Army and Air National Guard obtain records of service that occurred after 1985. These state files vary but can include records of enlistment, discharge, and other administrative actions.

The Division of Reintegration and Outreach provides direct contact between more than 800,000 veterans and their families and the Office of Veterans Affairs. This Division provides support and assistance to transitioning service members and their families as well as direct interface with veterans and their families. The Division recognizes that outreach is the best means to locate and maintain contact with the SMVF population in the communities where they live, work and play. Significant investment has been made in outreach efforts to ensure that accredited Veteran Service Officers can provide information and assistance to SMVF through:

VETERANS MOBILE OUTREACH: In order to be active in the communities where SMVF live, two mobile outreach vans are available to attend educational events, community events, and other venues where veterans are likely to attend. Outreach Teams are accredited Veteran Service Officers who are well versed in providing the advice and assistance necessary to help veterans understand and obtain the full measure of benefits that they earned due to military service.

PA VETConnect: The regional, community-based outreach program is both unique and agile and demonstrates a commitment to leading veteran advocacy within the Commonwealth. The DMVA recognizes that the Commonwealth is diverse in geography, economic capability, and population and has established five geographical regions that consist of between 11 and 15 counties each with each region being unique in how it serves the needs of the veterans who live there. Regional Program Outreach Coordinators (RPOC) and associated staff are positioned to lead and facilitate community organization and relationship building to better serve the SMVF community. The teams are experts at building relationships, working with sister departments and agencies, working with community organizations, focusing effort, determining need, making warm hand-off and referrals to services and making follow up contacts to ensure that SMVF receive the assistance they need to be successful while leading productive and healthy lives. The early success of PA VETConnect has garnered the attention of leaders within communities, county leadership, leaders in sister departments and agencies, the Office of the Governor and federal partners at each of the VA Medical Centers and VISN 4 Leadership and most recently Dr. Paul R. Lawrence, Secretary of the Veterans Benefit Administration.

County Directors of Veterans Affairs

The county directors of veterans affairs provide assistance to county veterans and their dependents to identify, determine eligibility, and assist with the preparation of applications for county, state, and federal veterans' benefits and programs. Each of the Commonwealth's 67 counties have a county director who ensures grave markers and headstones are properly requested and placed for each deceased county veteran. They also provide direct application for state programs, such as: ⁴⁴

- Real Estate Tax Exemption;
- Veterans Emergency Assistance;
- Blind and Paralyzed Pensions; and
- Education gratuity for veterans who are currently rated a 100 percent permanent and total by the federal Veterans Administration.

⁴⁴ "County Directors of Veterans Affairs," *Department of Military and Veteran Affairs*, accessed November 16, 2020, <https://www.dmva.pa.gov/veteransaffairs/pages/outreach-and-reintegration/county-directors.aspx>.

The county director has up to one year from the date of appointment to become accredited as a Veterans Services Officer (VSO), which is essentially a license to represent claimants to the U.S. Department of Veterans Affairs (USDVA).⁴⁵ A director of veterans affairs shall have the following duties:⁴⁶

- 1) Serve as a local contact between the VA, the department and an individual in the armed forces of the United States, an individual who was discharged from the service and a dependent of the individual;
- 2) Advise an individual in the armed forces, a veteran or a dependent of the individual or veteran of available federal, state, and county veterans' benefits;
- 3) Aid an individual in the armed forces, a veteran, or a dependent of the individual or veteran in completing required federal, state and local veterans' affairs forms in compliance with current regulations and policies;
- 4) Work under the direct supervision of the county commissioners and within the guidelines provided by the department and the VA; and
- 5) Participate in programs provided by the department, including annual training and refresher courses provided by the Office of the Deputy Adjutant General for Veterans' Affairs and five-year recertification as required by the VA for veterans' service officer accreditation.

The county directors of veterans affairs position is a very demanding job that requires a multitude of skills in the areas of medical, legal services, mental health professionals, and administrative which must be mastered and maintained. These skill sets are also constantly evolving with time and experience levels and while they may receive their initial accreditation in their first year of employment, it can often take three to five years to begin to master veterans benefits.⁴⁷ Veterans benefits are a large and often very confusing place to navigate which leads county directors to take on services not required by statute. For example, they familiarize themselves with medical terminology, to read and comprehend a medical doctor's notes and diagnosis or process claims like that of a law clerk. This spans from interpreting the initial decision and deciding if they agree with it or if they think there are grounds for an appeal and drafting, presenting, and defending the appeal in a federal arbitration hearing.

Additionally, the county director is a counselor and comrade to the veteran or dependent who needs help navigating the system and needs to be aware of and investigate organizations that might prey on veterans. Some organizations have predatory practices and may try to entice a veteran to take a pay day loan or to enter into an irrevocable trust so they could qualify for a USDVA benefit.

⁴⁵ Brian Natali, Pennsylvania DMVA, "Unlocking Doors for Veterans, The Role of County Directors of Veterans Affairs" *Pennsylvania County News*, Winter 2018, <https://www.co.westmoreland.pa.us/DocumentCenter/View/13404/VSO-article-CCAP-Winter-2018?bidId=>.

⁴⁶ 51 Pa.C.S. § 1731(c).

⁴⁷ Natali, *supra* note 45.

State Veterans' Commission

The Pennsylvania State Veterans' Commission (SVC) was established pursuant to Title 51 of the Pennsylvania Consolidated Statutes.⁴⁸ An advisory commission within the Department of Military and Veterans Affairs, the SVC is comprised of the representatives of all the major veterans' organizations active throughout the Commonwealth, as well as a representative of the County Directors for Veterans' Affairs. By statute the SVC is composed of the Adjutant General of the DMVA or his designee, and the State Commander, Commandant, or head of each of the following named veterans' organizations, or their designee:

- The American Legion
- AMVETS
- Blinded Veterans Association
- Catholic War Veterans of the United States of America
- Disabled American Veterans
- Jewish War Veterans of the United States
- Marine Corps League
- Military Order of the Purple Heart
- State Association of County Directors of Veterans' Affairs
- Veterans of Foreign Wars of the United States
- Italian-American War Veterans of the United States, Inc.
- The Vietnam Veterans of America, Inc.
- American Ex-Prisoners of War
- Keystone Paralyzed Veterans Association
- Military Officers Association of America
- The Korean War Veterans Association, Inc.⁴⁹

A further four members are appointed at-large by the Governor, from a list provided by the Adjutant General, each of whom shall be a veteran and a member in good standing of a Pennsylvania branch, lodge, post, or club of a recognized national veterans' organization active in the Commonwealth. At least one member shall be a female veteran and one must be a veteran of the Vietnam era. Members at large serve a four-year term and until a successor has been appointed. However, the State Adjutants of the American Legion, Disabled American Veterans, the VFW, and the Executive Director of AMVETS serve as nonvoting members.⁵⁰ Legislation has been introduced during the 2019-2020 legislative session to include the Navy Club of the United States of America on the State Veterans Commission.⁵¹

⁴⁸ 51 Pa. C.S. § 1702.

⁴⁹ 51 Pa. C.S. § 1702(b).

⁵⁰ 51 Pa. C.S. § 1702(b)(3).

⁵¹ Pennsylvania House Bill 980, P.N. 1110, Session of 2019.

Federally Chartered Organizations

There exists a class of veterans' service organizations that are congressionally chartered veterans' service organizations. This congressional chartering holds no real legal or structural weight and is generally considered to be an honorific. However, some congressionally chartered veterans' service organizations are further recognized by the Department of Veterans' Affairs "for the purpose of preparation, presentation, and prosecution of claims under laws administered by the Department of Veterans Affairs."⁵² These are typically the largest and most active organizations, although there are some organizations which are congressionally chartered but not recognized by the VA to present claims, organizations which are recognized by the VA to present claims, and organizations which are neither which also provide valuable services to veterans.

The American Legion

The American Legion was chartered and incorporated by Congress in 1919 as a patriotic veterans organization devoted to mutual helpfulness. It is the nation's largest wartime veterans' service organization. The Legion is made up of numerous posts throughout the country, and each post engages in volunteer programs and activities.

American Legion service officers are accredited by the VA to provide assistance to veterans and their families in filing disability benefits claims with the VA. The Legion has 16 service officers located throughout the Commonwealth.⁵³ In addition to their work helping veterans and their families file for benefits from the VA, the Legion's service officers also provide information, referrals, and resources on education, employment, death benefits, and other topics.

AMVETS

The mission of AMVETS is to "enhance and safeguard the entitlements for all American Veterans who have served honorably and to improve the quality of life for them, their families, and the communities where they live through leadership, advocacy and services."⁵⁴ AMVETS provides veterans services through their network of trained national service officers who are accredited by the VA. There are AMVETS posts across the country and they each engage in their own veterans' outreach efforts. AMVETS also runs the Veteran's Suicide Awareness Program.⁵⁵

Pennsylvania War Veterans' Council

The Pennsylvania War Veterans' Council is an organization comprised of the leadership of other veterans' organizations operating throughout the Commonwealth. Its mission is to:

⁵² United States Department of Veterans Affairs, "Veterans and Military Service Organizations, 2019 Directory," <https://www.va.gov/vso/VSO-Directory.pdf>.

⁵³ The American Legion, "Find A Service Officer — Pennsylvania," <https://www.legion.org/serviceofficers/PA#results>.

⁵⁴ AMVETS, "About Us," <https://amvets.org/about-us/>.

⁵⁵ *Id.*

- Create a mutual understanding and cultivation of comradeship, friendship and cooperation among veterans organizations;
- Discuss legislation and other matters that affect the general welfare of our state's veterans and their families;
- Protect the United States of America's free and democratic institutions, its principles and to defend our U.S. Constitution and laws;
- Teach patriotism and Americanism to citizens of the Commonwealth as a whole; and
- Encourage in all people that spirit of understanding which may guard us against future wars.

The membership of the PA War Veterans' Council is made up of the following organizations:

- The American Legion
- AMVETS
- Blinded Veterans Association of PA
- Catholic War Veterans of the U.S., Inc.
- Disabled American Veterans
- Jewish War Veterans of the United States of America
- Keystone Paralyzed Veterans of America
- Marine Corps League of Pennsylvania, Inc.
- Military Officers Association of Pennsylvania
- Military Order of the Purple Heart
- Navy Club USA
- PA State Association of County Directors
- Veterans of Foreign Wars
- Vietnam Veterans of America, Inc.⁵⁶

Disabled American Veterans (DAV)

Disabled American Veterans provides a lifetime of support for veterans of all generations and their families. Annually, DAV provides more than 600,000 rides to veterans attending medical appointments and assists more than 200,000 veterans in filing claims with the VA.⁵⁷ DAV also helps veterans find meaningful employment by hosting job fairs and providing resources. DAV has 1,300 local chapters and one million members.

Veterans of Foreign Wars of the United States (VFW)

The mission of the VFW is to foster camaraderie among United States veterans of overseas conflicts, serve our veterans, the military, and our communities, and to advocate on behalf of all

⁵⁶ Pennsylvania War Veterans Council, "Membership," <http://www.pawvc.org/membership>.

⁵⁷ Disabled American Veterans, "About DAV," <https://www.dav.org/learn-more/about-dav/>.

veterans, as well as to ensure that veterans are respected for their service, always receive their earned entitlements, and are recognized for the sacrifices they and their loved ones have made.⁵⁸

With posts across the country, the VFW engages in legislative advocacy, national security and foreign affairs advocacy, and female veteran outreach and advocacy. The VFW has a nationwide network of VA accredited service officers and pre-discharge representatives who are experts in dealing with the VA, handling benefits claims for veterans across the country. The VFW also offers military families financial assistance grants through its Unmet Needs program. This program helps “America’s military families who have run into unexpected financial difficulties as a result of deployment or other military-related activity or injury.”⁵⁹

Blinded Veterans Association (BVA)

The BVA was formed to provide assistance to blinded veterans and their families as well as to educate them about the benefits available to them. The BVA has regional groups throughout the country, including one in Pennsylvania.⁶⁰ The BVA’s Veteran Services Program provides a “one-stop shop” of accredited national service officers who assist veterans in filing claims with the VA.⁶¹ The BVA also engages in legislative advocacy, including supporting “legislation to expand caregiver benefits and make such benefits available to caregivers of veterans from all conflicts who have catastrophic disabilities and a demonstrated need for caregiver support.”⁶²

Catholic War Veterans of the United States (CWWUSA)

The Catholic War Veterans of the United States has local chapters around the country that engage in outreach and education for veterans regarding their benefits. They also help veterans of all faith backgrounds submit benefits claims to the VA.⁶³ CWWUSA members also volunteer at VA medical centers and provide transportation to veterans in need. Local chapters also host parties, provide food and clothing to the less fortunate, and offer prayers.⁶⁴

Jewish War Veterans of the United States (JWV)

The mission of the JWV provides national service officers to assist veterans of all faith backgrounds with filing benefits claims with the VA.⁶⁵ The JWV participates in the Veteran Affairs Voluntary Service (VAVS) program, which was founded in 1946 by the federal government to assist veterans through volunteer work in community-based volunteer programs, hospital wards, nursing homes, VA Medical Centers, and veteran outreach centers. Additionally,

⁵⁸ Veterans of Foreign Wars, “About Us,” <https://www.vfw.org/about-us>.

⁵⁹ Veterans of Foreign Wars, “Financial Grants,” <https://www.vfw.org/assistance/financial-grants>.

⁶⁰ Blinded Veterans Association, “About BVA,” <https://bva.org/about-blinded-veterans-association/>.

⁶¹ Blinded Veterans Association, “Programs,” <https://bva.org/blinded-veterans-programs/>.

⁶² Blinded Veterans Association, “Legislative Priorities 2019,” <https://bva.org/legislative-priorities-2019/>.

⁶³ Catholic War Veterans of the United States, “About Us,” *We are the Catholic War Veterans of the United States, Inc.* video, <http://wp1.cwv.org/about-us/>.

⁶⁴ Joint State Government Commission, p. 76

⁶⁵ Jewish War Veterans of the United States, “Helping you Access your VA Benefits,” <https://www.jwv.org/veteran-resources/connect-service-officers-access-va-benefits/>.

the JWV supports active-duty troops by sending care packages to service members who are on deployment. It has local chapters throughout the country.

Marine Corps League

The Marine Corps League has 10 Divisions covering 48 Departments and over 1,140 Detachments across the nation. Through its Marine Corps League Foundation, it provides “grants to individual Marines and families of Marines who are in a difficult position due to circumstances beyond their control.”⁶⁶

Military Officers Association of America (MOAA)

MOAA has 350,000 members across the country. It provides services to veterans such as “career transition assistance, improved member products, military benefits counseling, educational assistance to children of military families (to include enlisted), and strong involvement in military professionalism activities.”⁶⁷

Military Order of the Purple Heart

The mission of the Military Order of the Purple Heart is to “provide service to all veterans and their families.”⁶⁸ The Military Order of the Purple Heart has 70 nationwide offices and over 100 trained veterans service officers to assist veterans and their families. It participates in the federal VAVS programs and also has its own suicide awareness program and a homeless veterans program.

Vietnam Veterans of America (VVA)

The VVA utilizes service officers to represent claimants seeking VA benefits. Additionally, the VVA partners with USAA, an insurance and financial firm for veterans and their families, to help veterans manage their finances. The VVA also engages in legislative advocacy at the state and federal level.⁶⁹

National Veterans Legal Services Program (NVLSP)

Unique among service organization, the NVLSP is a non-profit law firm whose mission is to “ensure that the government delivers to our nation's 22 million veterans and active duty personnel the benefits to which they are entitled because of disabilities resulting from their military service.”⁷⁰ The NVLSP’s legal representation of veterans has resulted in more than \$5.2 billion being awarded in disability, death, and medical benefits to hundreds of thousands of veterans and their survivors.⁷¹

⁶⁶ Marine Corps League Foundation, “Foundation Mission,” <https://www.mclfoundation.org/>.

⁶⁷ Military Officers Association of America, “Mission,” <https://www.moaa.org/content/about-moaa/mission/>.

⁶⁸ Military Order of the Purple Heart, “Our Mission,” <https://www.purpleheart.org/our-mission/>.

⁶⁹ Vietnam Veterans of America, “Veteran Services,” <https://vva.org/what-we-do/veteran-services/>.

⁷⁰ National Veterans Legal Services Program, “Missions,” <https://www.nvlsp.org/about-us/mission/>.

⁷¹ National Veterans Legal Services Program, “Accomplishments,” <https://www.nvlsp.org/about-us/accomplishments/>.

Paralyzed Veterans of America (PVA)

The PVA is a veterans' service organization which advocates for and provides resources to those veterans who sustained spinal cord injuries as a result of their service. It provides access to service officers throughout the nation at various local chapters who assist veterans with filing claims with the VA. There are several chapters located in Pennsylvania.⁷²

Wounded Warrior Project (WWP)

Founded as an organization to help veterans who have been wounded in combat, WWP is a national organization that does not have branches or posts like many of the other organizations profiled in this section. However, its reach does extend across the country from the biggest cities to the smallest communities. The WWP collaborates with other military and veteran support organizations to amplify the effects of their efforts. Since 2012, the WWP has provided \$260 million to 184 organizations, with \$4.4 million across 22 grants to partner organizations in 2020 alone.⁷³

The WWP offers career and VA benefits counseling, mental and physical wellness programs, and an independence program to help veterans wounded in combat “achieve a civilian life that’s worth living.”⁷⁴ The WWP also partnered with four world-renowned academic medical centers to form the Warrior Care Network to improve the mental health care treatment veterans receive.⁷⁵ WWP also offers Project Odyssey, a 12-week mental health program that uses adventure-based learning to help veterans enhance their resiliency skills and empower them to live productive lives.⁷⁶

Federal Government Excluding the Department of Veterans Affairs

Aside from the Department of Veterans Affairs, the federal government provides a host of services to active duty service members, veterans, and their families. These services are provided through the Department of Defense as well as other federal government agencies.

Military OneSource

Administered by the Department of Defense, Military OneSource is part of that agency's network of support for the military community. It offers resources on a variety of topics including

⁷² Paralyzed Veterans of America, “Find a National Service Officer or Chapter,” <https://pva.org/find-support/national-service-office/#>.

⁷³ Wounded Warrior Project, “Community Partnerships,” <https://www.woundedwarriorproject.org/programs/community-partners>.

⁷⁴ Wounded Warrior Project, “Programs,” <https://www.woundedwarriorproject.org/programs>.

⁷⁵ Wounded Warrior Project, “Warrior Care Network,” <https://www.woundedwarriorproject.org/programs/warrior-care-network>.

⁷⁶ Wounded Warrior Project, “Project Odyssey,” <https://www.woundedwarriorproject.org/programs/project-odyssey>.

confidential help, military life cycle, family and relationships, moving and housing, financial and legal, education and employment, and health and wellness.⁷⁷

Other Pennsylvania Government Programs

Department of Agriculture

In 2015 the Pennsylvania Department of Agriculture introduced the “Pennsylvania Preferred — Homegrown by Heroes” logo for use on food products produced by Pennsylvania veterans. The logo campaign gives veteran-produced agricultural goods visibility and offers consumers a tangible way to support veterans.⁷⁸

Private Veterans Service Organizations in Pennsylvania

The following organizations are private non-profit groups that offer help to veterans other than the nationwide Congressionally-chartered organizations profiled above. Many of these groups specialize in offering a particular type of service or benefit to veterans, such as training for employment, housing assistance, or assistance with utilities and other bills.

PAServes and other coordinating services are discussed below. Organizations which are part of a coordinating services’ network will be noted.

PAServes

PA Serves is “Pennsylvania’s first coordinated network of public, private, and non-profit organizations working together to serve veterans” and their families. PAServes primarily assists veterans in Allegheny, Butler, and Westmoreland counties.⁷⁹ It was initially hosted by Pittsburgh Mercy, a “person-centered, population-based, trauma-informed community health and wellness provider.”⁸⁰ However, as of December 1, 2020, PAServes is hosted by the Veterans Leadership Program of Syracuse University’s Institute for Veterans and Military Families.⁸¹ PAServes and the network of organizations it partners with provide the following to veterans and their families:

- Benefits navigation
- Clothing

⁷⁷ Military OneSource, Homepage, <https://www.militaryonesource.mil/>.

⁷⁸ Pennsylvania Department of Agriculture, “Homegrown by Heroes,” https://www.agriculture.pa.gov/Business_Industry/pa_preferred/Pages/Homegrown-by-Heroes.aspx.

⁷⁹ Pittsburgh Mercy, “Veterans Services,” <https://www.pittsburghmercy.org/veterans-services/>.

⁸⁰ Pittsburgh Mercy, “Who We Are,” <https://www.pittsburghmercy.org/about/who-we-are/>.

⁸¹ Syracuse University, Institute for Veterans and Military Families, “Announcing Veterans Leadership Program (VLP) as the new PAServes-Greater Pittsburgh Coordination Center,” <https://ivmf.syracuse.edu/2020/08/27/announcing-veterans-leadership-program-vlp-as-the-new-paserves-greater-pittsburgh-coordination-center/>.

- Disability
- Education
- Employment
- Entrepreneurship
- Family support
- Food assistance
- Financial assistance
- Health and well-being (physical health, mental health, and addiction recovery services)
- Household goods
- Housing and shelter services
- Income support
- Individual support
- Legal assistance
- Meeting supporters and other veterans
- Mentoring opportunities
- Money management
- Social enrichment opportunities
- Spiritual enrichment opportunities
- Sports, fitness, and recreation opportunities
- Spouse support
- Substance use and addiction recovery services
- Transportation
- Utility assistance
- Volunteer opportunities

Many of the local community-based organizations that PAServes partners with are not veteran-specific organizations — nonveterans are also eligible for their services. This is because some of the services that veterans need or want, such as assistance with housing, are not specific to veterans. Essentially, PAServes ensures that veterans benefit from generally available community support services. The organizations PAServes partner with include:

- ACTION-Housing
- Adagio Health
- Advantage Credit Counseling
- Allegheny County Bureau of Corrections
- Allegheny County Veterans Service Office
- Allegheny Link
- American Red Cross of Western PA
- Boys & Girls Club of Western PA
- Brentwood VFW Post 1810
- Center for Community Resources
- Community College of Allegheny County, Veterans Services Center

- Compati Home Care
- Consumer Health Coalition
- Corporate America Supports You — Pittsburgh
- Defenders of Freedom — Pittsburgh Chapter
- Department of Veterans Affairs, Vocational Rehabilitation and Employment
- Duquesne University Military Psychological Services
- Duquesne University Office for Military and Veteran Students
- Fort Pitt Chapter of the Association of the United States Army
- Goodwill of Southwestern Pennsylvania
- Greater Pittsburgh Community Foodbank
- Heroes Supporting Heroes
- Hire Heroes USA
- House of Veterans
- Human Engineering Research Laboratories
- IVMF Coordination Center
- IVMF Enrollment Services
- JFCS Career Development
- Keystone Paralyzed Vets
- Leadership Pittsburgh, Inc.
- LIFE Pittsburgh
- Neighborhood Legal Services Association
- NeighborWorks Western Pennsylvania
- Operation Troop Appreciation
- Operation Veteran Benefits
- PA 2-1-1 Southwest
- PA CareerLink Westmoreland
- Pitt Law Veterans Practicum
- Pittsburgh Mercy Healthcare
- Pittsburgh VA Healthcare System
- Pittsburgh Vet Center
- Pittsburgh Veterans Benefits Administration
- Rebuilding Together Pittsburgh
- Robert Morris University
- Service to Opportunity (ACCD)
- Soldier On
- Sto-Rox Neighborhood Health Council
- Team Red, White & Blue
- The Mission Continues
- University of Pittsburgh
- University of Pittsburgh — Team TBI
- Veterans Breakfast Club

- Veterans Leadership Program
- Veterans Place of Washington Boulevard
- Vets4Warriors

Defenders of Freedom — Pittsburgh (DOF)

Defenders of Freedom is a national organization with state and regional chapters throughout the country. DOF is active in Pennsylvania through its Pittsburgh branch. DOF offers emergency financial assistance to wounded and transitioning veterans, resume preparation, and employment searches.⁸² It focuses its efforts on Post-9/11 veterans. DOF is a part of the PAServes network.⁸³

Home for Our Troops (HFOT)

HFOT's mission is to build and donate specially adapted custom homes for wounded veterans across the country.⁸⁴ It operates nationwide and has built 295 homes for injured veterans nationwide and 15 homes in Pennsylvania.⁸⁵

Pennsylvania Wounded Warriors, Inc. (PAWW)

PAWW was founded with the goal of providing veterans and their families with assistance in housing and home repair, basic utilities, transportation expenses, medical bills and other unexpected expenses, groceries, and gas. PAWW helps veterans statewide and is not affiliated with and does not receive funds from any national organization.⁸⁶ To receive assistance from PAWW, a veteran in need must first apply for aid through a federally recognized agency, such as a VA office or a local YMCA or YWCA chapter, which in turn forwards the application to PAWW. Its biggest need is for funds to help veterans pay bills.⁸⁷

Pennsylvania Veterans Foundation

The Pennsylvania Veterans Foundation is a non-profit charitable foundation created to provide assistance and support to Pennsylvania veterans and their families. The mission of the Pennsylvania Veterans Foundation is to:

- Make grants to other recognized charitable foundations and organizations and veterans' service organizations;

⁸² Defenders of Freedom Pennsylvania, Homepage, <https://defendersoffreedompa.us/>.

⁸³ PAServes, "PAServes — Greater Pittsburgh, 4 Year In-Practice Review," Nov. 13, 2019 https://www.pittsburghmercy.org/wp-content/uploads/2019/11/PAServes-Greater_Pittsburgh_4-year_IPR_Deck_FINAL_11-13-2019.pdf.

⁸⁴ Homes for our Troops, "Our Mission," <https://www.hfotusa.org/mission/>.

⁸⁵ Homes for our Troops, "Injured Veteran Housing in Pennsylvania," <https://www.hfotusa.org/building-homes/veteran-home-building-projects/pa/>.

⁸⁶ Pennsylvania Wounded Warriors, Inc., Homepage, <http://www.pawoundedwarriors.org/>.

⁸⁷ Pennsylvania Wounded Warriors, Inc., "PAWW Helps Vets Pay Bills," <http://www.pawoundedwarriors.org/paww-today/>.

- Make grants and to undertake charitable programs and projects to assist and support deserving Pennsylvania veterans and their families;
- Assist Pennsylvania veterans in need of shelter and the necessities of living;
- Provide aid, comfort, assistance, and support for Pennsylvania veterans, including veterans of war or armed conflict and peacetime veterans, and their families;
- Help ensure that Pennsylvania veterans and their dependents have access to accurate up-to-date information and assistance to qualify for federal, state, and local veterans benefits;
- Honor the rich history and heritage of Pennsylvania veterans and the contributions and sacrifices of veterans by providing public education and information; and
- Solicit and receive grants, donations, gifts, and legacies from other foundations, charitable organizations, veterans' service organizations, corporations, individuals, and other entities.⁸⁸

Fisher House Foundation

The Fisher House Foundation builds comfort homes for use by military veterans and their families free of charge while a loved one is in the hospital or receiving treatment at a VA medical center. The Fisher Homes are located at military and VA medical centers around the country. As of 2020, the Fisher House Foundation has saved military veterans and their families an estimated \$500 million in out-of-pocket lodging and transportation costs. Fisher Homes served 32,000 families in 2019 alone and the Foundation has a total daily capacity of 1,200 families. The Fisher House also runs the Hero Miles Program, which uses donated frequent flier miles to bring family members to the bedside of injured service members.⁸⁹

The Fisher House Foundation has one location in Pennsylvania which is located at the VA Pittsburgh Medical Center.⁹⁰

⁸⁸ Pennsylvania Veterans Foundation, Homepage, <https://paveterans.org/>.

⁸⁹ The Fisher House Foundation, "About" <https://fisherhouse.org/about/>.

⁹⁰ The Fisher House Foundation, "Pennsylvania: VA Pittsburgh Healthcare System," <https://www.va.gov/pittsburgh-health-care/>.

COORDINATION OF SERVICES

Models and Technological Platforms

In the Joint State Government Commission’s 2016 report *Veterans’ Benefits and Programs in Pennsylvania*, the Commission concluded that improvement was needed in the areas of effective program administration and facilitating access to services. As a result, it was recommended that state agencies and veterans’ service organizations operating throughout the Commonwealth increase their collaboration and coordination.

Since that time, there have been efforts by both state agencies and private organizations to better organize and coordinate services provided to veterans. These efforts fall into three categories of models that describe their function — self-navigation, where the veteran finds all information and resources on his own; assisted-navigation, where an organization works with the veteran to find appropriate resources; and a hybrid that typically involves creating a user profile on a website and engaging with risk/need screening software.⁹¹

At the state government level, the DMVA implemented PA VETConnect and the Department of Human Services (DHS) is planning to roll out its Resource and Referral tool which, while not directly targeted at veterans, will make it easier for its partners to provide resources to all citizens in need, including veterans.

In the private sector, PAServes operates in the Greater Pittsburgh region as a “coordinated system of public, private, and non-profit organizations working together to serve Veterans, transitioning service-members, and their families,” which creates the possibility of assisted navigation.⁹² It is part of the broader America Serves model, which has sixteen regional chapters throughout the country. Although not limited to veterans, Pennsylvania 2-1-1 also acts as a care coordinator for Pennsylvanians in need of social services such as confidential crisis and emergency counseling, disaster assistance, food, health care, and insurance assistance, stable housing and utilities payment assistance, employment services, and childcare and family services, as well as assistance in connecting with services specifically for veterans.⁹³

Although the DMVA and DHS programs, Pennsylvania 2-1-1, and PAServes all differ from each other and have their own unique operations, they do share some similarities. Primarily, they seek to centrally coordinate services from a myriad of separate organizations that directly provide services to veterans such as housing, employment assistance, job training, transportation, and cash assistance. The philosophy of care coordination is to provide better oversight and

⁹¹ Nick Armstrong, “Navigation Systems & Related Federal Legislation,” *Institute for Veterans & Military Families*, n.d.

⁹² AmericaServes, Homepage, <https://americaserves.org/>.

⁹³ United Way of Pennsylvania, “211 Overview,” <https://www.pa211.org/211-overview/>.

transparency of funding as well as to mitigate or eliminate the common problems with delivering services to veterans by holding partnering service providers accountable to the veterans referred to them by the central coordinating organization. To implement this philosophy in practice, a software program is utilized by both the care coordination organization and the partnering service organization to track services rendered to any veteran referred to a provider.

To put it in the framework of the aforementioned three categories of models, these organizations generally follow the “assisted-navigation” design, as they use a navigator to engage in care coordination and referral management. The exception is PA VETConnect, which has been described as a “hybrid” design.⁹⁴

In this section, the state government models, PAServes, PA VETConnect, DHS’ Resource and Referral Tool and Pennsylvania 2-1-1 will be profiled. Also included is a discussion of various software platforms that allow for better coordination and communication among veterans’ service organizations.

PAServes

PAServes operates with a hub-and-spoke arrangement, where PAServes acts as the “hub” and organizations which provide services to veterans act as “spokes.” Veterans seeking assistance from PAServes are then connected to the appropriate organization seeking to help veterans based upon the specific assistance requested. PAServes, along with the rest of the AmericaServes regional networks, utilizes a “collective impact” approach to achieve objectives in communities through managed collaborations.⁹⁵ The five constructs of this approach are a common agenda, shared measurement, mutually reinforcing activities, continuous communication and backbone support.⁹⁶

PAServes provides the “backbone” infrastructure such as a dedicated staff to coordinate the initiative outside of its partner organizations. As the backbone or hub, PAServes also follows up on the referral to ensure that the veteran referred to a service organization is assisted and their need is resolved, and works to determine if there are any issues in providing a service — for instance, if a service organization is unresponsive or the veteran does not follow through with the referral.

PAServes not only makes referrals of veterans to service providers, but receives referrals of veterans from service providers as well. Cumulatively, 75 percent of all providers that PAServes works with have made referrals of veterans to PAServes so they can be referred to other organizations who may be able to help them with other needs. An example would be when a veteran contacts a job training organization for assistance and, in addition to providing the veteran

⁹⁴ Discussion of Advisory Committee members, Nov. 13, 2020. It should be noted that navigators, such as risk screeners, are not “scientifically based.”

⁹⁵ AmericaServes, “2018 Transparency Report,” *Institute for Veterans and Military Families*, Feb. 2018, https://americaserves.org/wp-content/uploads/2018/02/AmericaServes-Transparency-Report-2.0FINAL-LO_RES-DIGITAL.pdf.

⁹⁶ Daniel F. Perkins, Clearinghouse for Military Family Readiness at Penn State, “Improving Veterans’ Access to Services Through Technical Assistance and Navigation Support: Rapid Literature Review, Nov. 6, 2020, pp. 7-8.

with job training, that organization refers him or her to PAServes to assist with an unmet housing need.

According to data from PAServes, between 2015 and 2019 the organization fielded 11,019 service requests from 4,575 unique clients and referred veterans to 61 participating organizations. About half of the veterans PAServes connects with service organizations have two or more requests, indicating that they have co-occurring needs (such as legal assistance and job training).⁹⁷

Six categories of services make up 70 percent of all requests that PAServes receives from veterans. The most requested services are found in Table 3 below.

<p style="text-align: center;">Table 3 Services Requested by Veterans with the PAServes Network 2015 to 2019</p>		
Service	Number of requests	Percent of all requests
Individual & Family Support	2,004	18%
Clothing and Household Goods	1,494	14
Housing and Shelter	1,297	12
Benefits Navigation	1,236	11
Employment	987	9
Transportation	874	8

Source: PAServes, Greater Pittsburgh 4 Year In-Practice Review, Nov. 13, 2019.

Other requested services include money management, utilities assistance, legal assistance, assistance with receiving health care, and food assistance. PAServes states in its four-year review that 85 percent of all service requests have been resolved by the network, and that the annual total resolved requests has increased year after year.⁹⁸

A recent example of PAServes' work is its referral of 345 veterans in need of food assistance to the Brentwood VFW to coordinate food delivery to veterans who were unable to leave their homes during the COVID-19 lockdown.⁹⁹

⁹⁷ PAServes — Greater Pittsburgh, 4 Year In-Practice Review, *supra* note 83.

⁹⁸ *Id.*

⁹⁹ Communication with Jean Coyne of the SR 170 Advisory Committee, July 29, 2020.

Department of Military and Veterans Affairs' PA VETConnect

Intending to address gaps in coordinated outreach to veterans in the Commonwealth, the DMVA developed PA VETConnect to provide “one-stop customer service” to veterans in need. While the DMVA provides a number of programs and benefits for veterans, there are a number of areas where collaboration with other departments, agencies, and community organizations are necessary to fully address the needs of the Commonwealth’s veterans. These areas include assistance with unemployment, homelessness, mental health (including PTSD), substance use disorders, and health issues such as traumatic brain injury (TBI).¹⁰⁰

The DMVA plans to formalize its outreach efforts through the development of five regions by establishing partnerships with community organizations, veterans’ service organizations, the County Directors of Veterans’ Affairs, and the federal Department of Veterans Affairs. Further, the DMVA is expanding its outreach ability in order to locate, contact, advise, assist, and facilitate access to services for veterans throughout the Commonwealth. According to the DMVA, outreach remains the most effective means of getting in touch with veterans and transitioning service members to assist them with obtaining benefits and services.¹⁰¹

For the PA VETConnect program, the DMVA employed customer service advocates who had a strong knowledge base of services available to veterans and their families in each of its five regions. These customer service advocates developed relationships with federal, state, and county government agencies, as well as veteran service organizations and other non-profit and community organizations and provided direct referral to them for veterans and their families.¹⁰² A map of Pennsylvania divided into the five regions for purposes of outreach and connecting veterans to service organizations is found below at Figure 4.

¹⁰⁰ Pennsylvania Department of Military and Veterans Affairs, “Concept & Implementation Briefing Document, Version 5.2,” (Feb. 24, 2020).

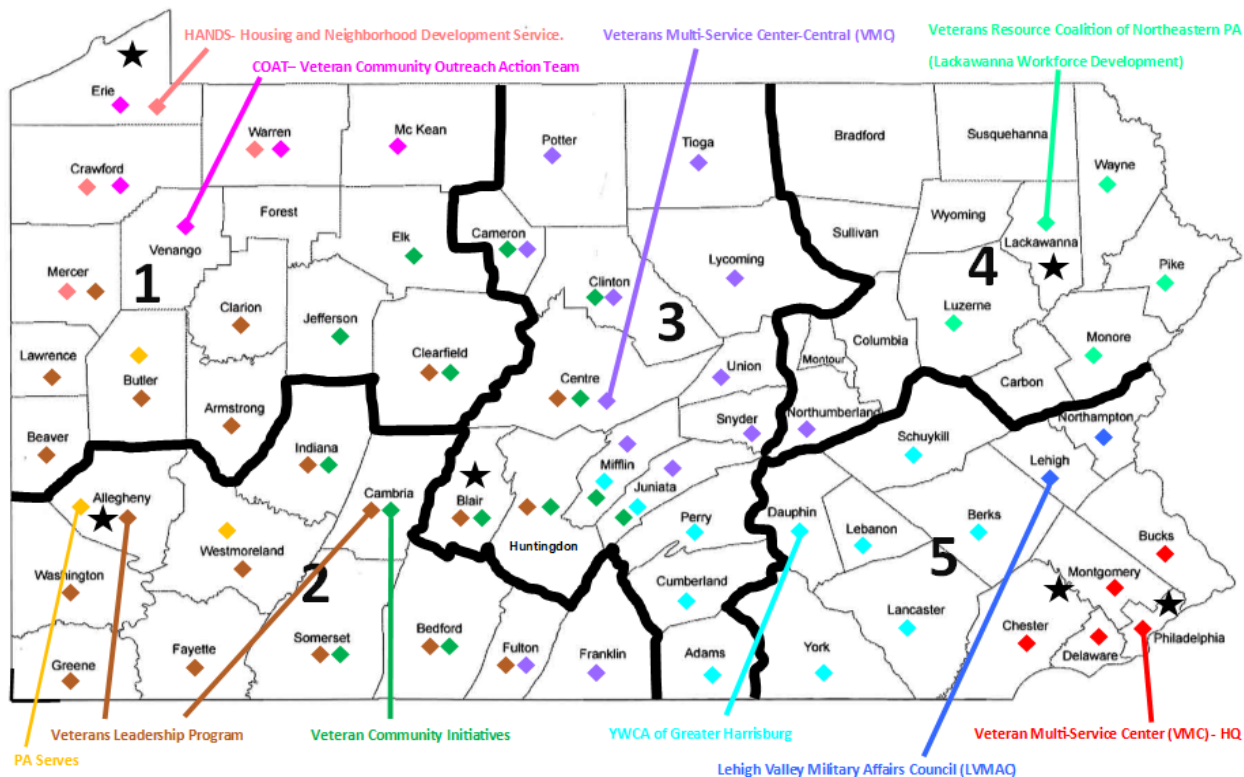
¹⁰¹ *Id.*

¹⁰² *Id.*

Figure 4

Regional Division of Counties for DMVA Vet Connect Program

REGIONAL CONTACTS, BOUNDARY LINES, AND VETERAN HOMES LOCATIONS.



PA VETConnect arose from the DMVA’s realization that veterans’ groups feel that the core mission of the DMVA should include addressing veteran homelessness, mental health issues, PTSD issues, drug and alcohol issues, suicide prevention, employment issues, aging in place programs, legal issues, transportation, and entrepreneurship training and funding. While the DMVA does not provide such services directly, it hopes to direct veterans to other departments, agencies, or privately run veterans’ organizations that do provide those various services through PA VETConnect.¹⁰³

As part of the PA VETConnect program, the DMVA plans to develop a Commonwealth-wide database tool of resources that are available to veterans so that they can be more easily referred to various organizations throughout the state. The resources to be included in the database are federal, state, county, and private non-profit organizations which provide veterans’ benefits and services as well as other social services commonly requested by veterans in this Commonwealth. Further, in order to measure the effectiveness of PA VETConnect, the DMVA planned measurable goals, outcome metrics, and feedback mechanisms.

¹⁰³ *Id.*

Department of Human Services' Resource and Referral Tool

Since 2018, the Pennsylvania Department of Human Services (DHS) has been working to develop a comprehensive whole-person care model for assisting individuals with obtaining meaningful information and access to the services they need to achieve overall wellbeing, positive health outcomes, and financial self-sufficiency. The result of this effort is the DHS's new Resource and Referral (R&R) tool. Development of the R&R tool stems from the recognition that better coordination is needed for provisioning both the services offered by the DHS as well as those services offered by other government departments and private organizations.¹⁰⁴

During the development of the R&R tool, the DHS met with more than 100 stakeholders as part of a multi-sector stakeholder advisory committee. These stakeholders included managed care organizations, non-profits, provider associations, state agencies, legislators, county agencies, academia, and faith-based groups. DHS also considered more than 4,800 comments from the public during vendor demonstrations of the software that will become the R&R tool. The input of the stakeholders and comments shaped the parameters required for a successful coordination of services model.¹⁰⁵

The R&R tool is a software program accessible over the Internet and will serve several functions. First, it will allow those who are looking for specific social services find information about them, the organizations offering those services, and how to obtain those services. Second, it will allow those organizations which are a part of the R&R tool network to provide a uniform assessment of needs of those who come to them in search of services. These assessments will be evidence-based social determinants of health assessments, looking at the factors in a client's life that would require the intervention of social services. Finally, the R&R tool will serve as a platform for care teams and case managers to work together to improve care and the delivery of social services, avoid the duplication of services, generate data on referral outcomes, and reduce the number of times a client seeking services must provide the same information.¹⁰⁶

The R&R tool will also allow DHS to make and follow referrals for an entire household in instances where there are multiple persons living in one household who need various and differing services. For instance, DHS will be able to use the R&R tool to make referrals for an adult who needs drug and alcohol services, a child who is eligible for Early Head Start and WIC, and a senior citizen who is a veteran entitled to veterans' benefits. DHS informed the SR170 Advisory Committee that multiple different persons in one household who are eligible for and in need of social services is a common occurrence among those who contact DHS for social services assistance.¹⁰⁷

¹⁰⁴ Pennsylvania Department of Human Services, "Development of the Resource & Referral (R&R) Tool."

¹⁰⁵ *Id.*

¹⁰⁶ *Id.*

¹⁰⁷ Presentation by Nora Carreras of the DHS to the SR 170 Advisory Committee on September 10, 2020.

While the R&R tool is not specifically targeted toward veterans, it will make care coordination the focal point of DHS’s administration of social services programs. Of particular concern to this report, the R&R tool will allow specific searches for services and organizations relevant to a particular social group, including searches for services specific to veterans.¹⁰⁸

Further, the adoption of such a tool by a major governmental agency demonstrates that those in the business of providing social services — regardless of whether the primary client group is veterans, seniors, or the indigent — are pivoting toward the use of care coordination models and software tools and see value in ensuring that the various government departments and private non-profit groups are not operating in “silos.”¹⁰⁹

Since January 2020, DHS has been working with the county governments of the Commonwealth to prepare them for the implementation of the R&R tool. DHS has county-by-county “steering committees” and provides technical assistance to ensure a smooth transition to using the R&R tool.¹¹⁰

Pennsylvania 2-1-1

Pennsylvania 2-1-1 is a telephone line operated by United Way of Pennsylvania. The program is similar to PAServes and DHS’s R&R tool in that it functions as a care coordinating agency that connects needy Pennsylvanians to various social service providers who can help with housing, food, utilities, employment, obtaining healthcare and mental health care, substance use disorder services, disaster services, clothing and household goods, disability services, family resources, legal services, services for older adults, reentry resources for those recently release from prison, transportation, and veterans’ services. Pennsylvania 2-1-1 also provides access to crisis hotlines.¹¹¹

According to United Way, Pennsylvania 2-1-1 “does more than ‘patch people through’ to agencies. Instead, 211 specialists are trained to identify root causes of a client’s problem, and connect them with a wide range of available resources that meet all the underlying needs, not just the one that prompted the call or text.”¹¹² Pennsylvania 2-1-1 has elements that are common to both PAServes and the DHS’s R&R tool. It functions as a care coordinator for clients from any background, similar to the DHS’s RRT. Similar to PAServes, it utilizes a navigator, a person rather than a piece of code, to direct the client to appropriate services and attempt to uncover the underlying cause for the need for such social services.

Using Navigators to Improve Access to Services

As mentioned above, all of the care coordination programs in use or in development in Pennsylvania with the exception of PA VETConnect follow the “assisted navigation” model.

¹⁰⁸ *Id.*

¹⁰⁹ *Id.*

¹¹⁰ *Id.*

¹¹¹ United Way of Pennsylvania, Pennsylvania 2-1-1 homepage, last accessed Nov. 24, 2020, <https://www.pa211.org/>.

¹¹² United Way of Pennsylvania, Pennsylvania 2-1-1, “211 Overview,” last accessed November 24, 2020, <https://www.pa211.org/211-overview/>.

Under this model, the organization providing care coordination employs navigators or outreach specialists who help their clients (such as veterans) learn what services are available to them, helps them register or sign up for services, and assists in coordinating services for their clients. Navigators or outreach specialists can be an integral part of the care coordination model. Patient or client navigation programs are designed to increase access to care and services by identifying and resolving barriers to care by linking patients and their families to primary care services, specialty services, and other social services they need.¹¹³

The navigators or outreach specialists are able to help their veteran clients access services across a wide array of needs, such as housing, employment, and healthcare, and are the people who perform the function of care coordination. The navigator knows the details about which services would work best for a particular veteran, whether the veteran qualifies for the service, and can guide the veteran through applying for and obtaining a service. The navigator can also investigate why a veteran needs a particular service and direct him to other services which may alleviate the underlying cause of the need for the initial service.¹¹⁴

An example of successfully using navigators in a care coordination model is the Alabama Veterans Rural Health Initiative. The goal of that program was to reduce barriers to access to healthcare from the VA and enhance engagement with VA healthcare services among rural veterans. The initiative began a new outreach strategy it called “enhanced engagement and enrollment,” or EEE. With this strategy, veterans:

[P]articipated in motivational interviewing with an outreach counselor, watched a short video on VA health services, and were engaged in patient navigation support through the outreach counselor. The outreach counselor provided patient navigation support by helping the veteran complete enrollment paperwork and by submitting the paperwork to the VA facility of the veteran’s choice.¹¹⁵

This strategy was compared to the results from a different outreach strategy known as “administrative outreach,” or AO. With this strategy, “the outreach counselor did not provide any support or education[.] [T]hey gave the veterans who were never enrolled in VA services an enrollment packet and told them to fill it out on their own.”¹¹⁶

According to a comparative study of EEE and AO participants, veterans who were part of the EEE outreach group were significantly more likely to attend an appointment within 6 months of meeting with an outreach counselor than those veterans who were contacted by someone using the AO strategy. The study found that “veterans participating in the EEE group had a substantially shorter time from intervention to first appointment. The average time from meeting with an outreach counselor to appointment was 28 days for the EEE group and 71 days for the AO group.”¹¹⁷

¹¹³ Perkins, *supra* note 96, pp. 5-6.

¹¹⁴ *Id.* at p. 6.

¹¹⁵ Perkins, *supra* note 96, p. 7.

¹¹⁶ *Id.*

¹¹⁷ *Id.*

The race of the veteran did not affect the average time between meeting with the counselor and attending an appointment in the EEE group. However, in the AO group, Black veterans averaged more than twice as long to attend an appointment than White veterans — 119 days versus 49 days, respectively.¹¹⁸ The findings of this study examining the Alabama Veterans Rural Health Initiative support the value of navigators or outreach specialists within a care coordination organization.

Care coordination would be more difficult and navigation much more fragmented if there were no software platforms from which every organization can communicate with each other and with their clients. A care coordinator could keep track and manage clients using spreadsheets and communicate with partner organizations using file sharing services or e-mail, but a software program specifically for the task of care coordination makes the process easier, allowing for better communication between the care coordination organization and its partner service provider organizations, as well as allowing for better data collection.

These software platforms were initially designed for use in health care delivery settings in response to an increasing recognition of the social determinants of health and the increasing prevalence of value-based reimbursement incentives.¹¹⁹ However, they have obvious utility to social services coordinating organizations who assess social risks in the same way that a health care provider would.

Unite Us

The Unite Us software is used by PAServes to carry out its mission of coordinating care for veterans. Unlike the software used by the DMVA and the Pennsylvania Department of Human Services, which use their own in-house technology platforms, Unite Us software was developed by a third party. The software allows a navigator with PAServes to screen veterans to identify their needs, allows PAServes to make electronic referrals to its partnering organizations, and manages the referrals by allowing PAServes to know if the veteran received assistance from the organization he was referred to, when it happened, and the outcome. The software further allows PAServes to communicate with the veterans and partnering organizations and track outcomes, which in turn allows PAServes to generate data which can be used to determine which organizations are effective and which ones are not.¹²⁰

However, PAServes does not simply license a software program from Unite Us — it continually provides technical assistance to PAServes and its network of partner organizations and works with PAServes to build a framework to effectively analyze the data it generates. Through the networking services provided by Unite Us, PAServes can communicate with veterans' service organizations and other providers in real time and securely share a veteran's information.¹²¹

¹¹⁸ *Id.*

¹¹⁹ Yuri Cartier, Caroline Fichtenberg, Laura M Gottlieb, "Implementing Community Resource Referral Technology: Facilitators and Barriers Described by Early Adopters," *Health Affairs* 39 no. 4 (Apr. 2020): 662-669.

¹²⁰ Unite Us, "Platform," last accessed Nov. 18, 2020, <https://uniteus.com/platform/>.

¹²¹ Unite Us, "Network Services," last accessed Nov. 18, 2020, <https://uniteus.com/network-services/>.

Other Software, Barriers to Adoption, and Their Solutions

There are multiple social risk screening and referral software programs available on the market today. The market for this type of social services software is new and rapidly evolving. An April 2020 study on the adoption of technology platforms was able to identify nine such software programs. Platforms were included in the study if they offered an electronic community resource directory and technology-facilitated referrals; if the platform was in use in more than one state; and if vendors responded to the study authors' written requests for information.¹²²

After initially identifying 12 software programs whose developers responded to the study, three were excluded. One vendor did not respond to a written request for information prior to a demonstration, one vendor did not respond to the study authors' requests for additional information regarding its software platform after a demonstration, and one vendor was excluded after the company indicated it was exiting the market.¹²³

The nine software programs included in the study were:

- Aunt Bertha
- CharityTracker
- CrossTx
- Healthify
- Pieces Iris
- NowPow
- One Degree
- TAVConnect (now Signify Community)
- Unite Us¹²⁴

The study authors did not aim to conduct a comparative analysis of each of these software platforms. Rather, the aim of the study was to understand the functionalities of the social services coordination software platforms available, understand common implementation challenges, and identify what early adopters learned from their engagement with their chosen software platform. Additionally, the study aimed to explore the experiences of health care organizations that had selected or implemented one or more of the software platforms that provided both an electronic community resource directory and technology-facilitated referrals.¹²⁵

Upon review, the authors concluded that all nine software platforms studied provided similar functionality related to screening for social risks, searching a database of community resources, making referrals, coordinating care for patients, privacy protections, systems integration capacities, and reporting and analytics abilities. Although there were minor variations between the software platforms, they all provided essentially the same functionality. Further, the software

¹²² Cartier *et al.*, Implementing Community Resource Referral Technology, *supra* note 119.

¹²³ *Id.*

¹²⁴ *Id.*

¹²⁵ *Id.*

developers were able to provide new versions of their software after a short period of time as well as provide custom components and features tailored to each client.¹²⁶

During the course of the study it was discovered that the most common barrier to implementation was recruiting community-based social services organizations to use the platforms. Although these community partners were provided access to the platform at no direct cost, platform implementation on the community partner's end required indirect resources, such as time taken to train staff how to use the platform.¹²⁷

Among the health care organizations surveyed for the study which indicated success with implementing the software platform they chose, three engagement strategies were described. First, health care organizations which included community partners in the selection process for the software platform helped establish those partners' commitment. Second, the community partners were more accepting of the new software platform when the adopting health care organization clearly explained the benefits of using the platform, such as allowing the community partners to refer clients to each other and track their progress. Third, health care organizations which hired staff to visit the community partners and stay in contact with them to build interorganizational trust and facilitate communication had more success with implementing the chosen software platform.¹²⁸

To summarize, the "best" social risk screening and referral software program for care coordination is the one that is successfully implemented, which requires investing in relationships and building trust with the care coordinator's community partners. Regardless of which software platform is adopted, each network of care coordinators and its community partners will have their own terms, workflow process, and funding mechanisms.

An earlier study, conducted by the same authors as the 2020 *Health Affairs* study discussed above, more closely examined each of the nine listed software platforms and undertook a comparative analysis of their features, functionality, and reception by health care organizations. However, as with the 2020 study, this study was based on information provided by the software vendors and the study authors "did not conduct independent platform tests, nor were [they] able to obtain independently verified information about the effectiveness of these platforms, whether in terms of efficiency gains or improved patient outcomes."¹²⁹

In addition to surveying nine software providers, the study authors interviewed 39 care coordinating organizations, of which 35 were health care organizations and four were social services agencies.¹³⁰ There were two principal functionalities sought by the surveyed organizations. First, the organizations desired a searchable regularly-updated community resource directory with up-to-date and accurate information and an easy-to-use and effective search function. Second, the organizations looked for software platforms which provided technology to

¹²⁶ *Id.*

¹²⁷ *Id.*

¹²⁸ *Id.*

¹²⁹ Yuri Cartier, Caroline Fichtenberg, Laura Gottlieb, "Community Resource Referral Platforms: A Guide for Health Care Platforms," p. 10, Apr. 16, 2019.

¹³⁰ *Id.* at p. 9.

send referrals to community partners and track referral outcomes, including outgoing referral capability as well as the ability to receive information back from the social service organization.¹³¹

Other functionalities prioritized by the organizations included the ability to automatically prompt patients to follow up with the social service organizations to which they were referred, the ability to “facilitate seamless access [and] limit double entry of information,” integration of the social needs screening with patients’ medical records, comprehensive case management capabilities to “maintain visibility on patients’ needs, referrals, and other social care activities over time,” privacy protection features, and reporting and analytics features that provide the ability to track referral outcomes for individuals and across populations.¹³²

The study divided the nine software platforms between three origin characteristics to help users distinguish between them and understand their functionalities.¹³³ A chart describing these characteristics is found below in Table 4.

Table 4	
Platform Origin Characteristics and Functionality	
Platform Origin Characteristics	Implication for Functionality
Whether they were developed primarily for a health care audience	Developed with a health care user in mind; the platforms may include more features specific to a health care audience
Whether they focus primarily on referral management rather than on a resource directory	These platforms are not solely designed for social needs referrals but instead for comprehensive referral management; they tend to have focused directories for referrals to a smaller group of strong partners and may have more care management functionalities
Whether they were designed for people seeking help for themselves versus professionals seeking help for others	Platforms open to those seeking self-help typically include a community resource directory that is accessible to any member of the public without logging in

Source: Community Resource Referral Platforms: A Guide for Health Care Platforms, p. 14.

¹³¹ *Id.* at p. 12.

¹³² *Id.* at pp. 12-13.

¹³³ *Id.* at p. 14 (source for Table 1).

Of the software platforms discussed in the study, Aunt Bertha, CharityTracker, One Degree, and Unite Us were not originally developed for health care users and thus “tend to emphasize a community collaboration or patient-focused model of platform implementation rather than a health-care centric approach.” Of those four, Unite Us and CharityTracker were originally developed for social services organizations and feature a focused resource directory and more attention to coordination within a smaller network of organizations.¹³⁴

It was noted by the study authors that platforms built for care coordination activity tend to have a more focused resource directory, limiting the partnering community organizations in their directories to those identified by the client organization.¹³⁵ The utility of a directory depends on both the completeness of the directory and the usefulness of the directory. Some of the software platforms analyzed — CharityTracker, Pieces Iris, TAV Connect, and Unite Us — provide users the ability to have a broad comprehensive resource directory as well as a smaller and more focused directory. Both comprehensive and focused directories have their advantages and disadvantages, and the type of directory that is best is likely to depend on the objectives of the care coordinator and its network.¹³⁶

The organizations interviewed by the study authors recommended making use of existing knowledge of resources, evaluating tradeoffs between completeness of information and ease of maintenance of the directory and ensuring that there is a clear and easy process for updating the directory.¹³⁷

One feature common to the software platforms was the search function. On “most platforms, users can either browse for services or search based on keywords, usually based on a program, organization, service, need, or geographic area.” Organizations interviewed by the study authors recommended that other search parameters be available as well, such as distance from a client’s home.¹³⁸

Regarding referrals, all nine platforms, with the exception of CrossTx, offered two ways to initiate a referral — through the patient or through the community resource. The study noted that “some platforms require referral receiving organizations to log into the platform to view and act on referrals, while others provide referral information, and in some cases the ability to accept or decline a referral, via email.”¹³⁹

All nine of the platforms studied included some form of closed-loop referral tracking, but they all differed in what information they collected and how it was collected. For instance, One Degree and TAV Connect include functionality which permits patients or clients to input their own referral outcome information. NowPow and CharityTracker provide a free text field feature to share details about referral status and outcomes. Other helpful features identified by the

¹³⁴ *Id.* at pp. 14-15.

¹³⁵ *Id.* at p. 19.

¹³⁶ *Id.*

¹³⁷ *Id.* at p. 21.

¹³⁸ *Id.* at p. 22.

¹³⁹ *Id.* at p. 23.

organizations interviewed included appointment scheduling and built-in web forms which help patients apply for specific services at the time of referral.¹⁴⁰

Before patients or clients can be referred to a community partner for services, they are screened to determine their social needs. The study authors pointed out that all nine of the software platforms offered the option of building a customized screening tool. Generally, screening a patient or client results in automated suggestions such as “directory search results for resources that address identified needs filtered to within a 10-mile radius of the patient’s zip code.” NowPow and TAV Connect have proprietary algorithms which “combine screening tool results, patient demographic information, and clinical data to produce a curated resource list.” Although automated resource lists are helpful, the organizations interviewed by the study authors indicated that it is important to have a staff member or social worker who is knowledgeable about the available resources and has the time to review the results from the screening to further tailor the results for the patient or client.¹⁴¹

One important takeaway from this study is that the perceived responsiveness and capacity of the software vendor was central to the satisfaction of the organization selecting the software. The software is an investment in time, money, and staffing resources, and social services software is a new and emerging area. Thus, it was important for the health care organizations and social services agencies coordinating care to work with a software platform whose vendor is able to quickly implement platform changes.¹⁴²

Other suggestions from the organizations interviewed for this study included engaging community-based social service partners by involving them in the decision of what software platform to employ. Further, consider a platform that offers substantial functionality for social service organizations as a way to increase use of the platform by these organizations, provide access to the platform at low or no cost to the social service agency partners, and consider using a simpler platform (more features may be more unwieldy and present a barrier to uptake). Additionally, examine what tools already exist in your network to avoid duplication and proliferation of redundant platforms, and have a clear understanding of your organization’s goals and needs.¹⁴³

¹⁴⁰ *Id.* at p. 24.

¹⁴¹ *Id.* at p. 27.

¹⁴² *Id.* at p. 29.

¹⁴³ *Id.* at pp. 32-34.

ISSUES IDENTIFIED IN THE COORDINATION OF SERVICES

Barriers to Seeking Care or Services

According to RAND research, only about half of all veterans who need mental health care ever receive it due to provider shortcomings, access problems, and personal and social attitudes. Shortages in the mental health workforce can make it difficult for veterans to schedule a timely appointment and attitudes ingrained within the military can prevent veterans from seeking care for fear that seeking help is a sign of weakness.¹⁴⁴ A veteran may choose not to seek help because of the following reasons:¹⁴⁵

- Stigma of seeking help (sign of weakness);
- Stigma of mental health;
- Geographically isolated;
- Limited resources;
- Lack of insurance;
- Limited technology; and
- Lack of awareness of what is available and where to go.

Two of the reasons for not seeking help involve stigma. Veterans may be reluctant to obtain services from the VA even when they are aware of the resources available. Female veterans who were sexually assaulted are more prone to develop post-traumatic stress disorder than other women who experienced combat, but are significantly less likely than other PTSD sufferers to seek the help they need. Furthermore, the “[r]ates of military sexual trauma among men who served in the military may be as much as 15 times higher than has been previously reported, largely because of barriers associated with stigma, beliefs in myths about male rape, and feelings of helplessness.”¹⁴⁶

¹⁴⁴ RAND, “Veterans' Barriers to Care, A series of roadblocks often prevent veterans from receiving the mental health care they need.” Accessed Dec. 15, 2020, <https://www.rand.org/health-care/projects/navigating-mental-health-care-for-veterans/barriers-to-care.html>.

¹⁴⁵ Daniel F. Perkins, Ph.D., “Barriers to Seeking Help & Reduction Components,” PowerPoint Presentation, July 29, 2020.

¹⁴⁶ Austin M. Hahn, *et al.*, “Military sexual trauma: Prevalent and under-treated: Stigma, treatment barriers affect male and female survivors.” *Psychological Services*, Vol. 12, P. 394-401, November 2015, <https://psycnet.apa.org/PsycARTICLES/journal/ser/12/4>.

In 2016, TVMI researchers examined the veteran non-use of programs and services in the first three months of their transition to civilian life. The focus was on those who were discharged from active duty service and who reported not using any programs in at least one of four domains of well-being: vocational/educational, legal/financial/housing, health, and social relationships. Between August and November of 2016, a total of 48,965 veterans were identified and invited to participate in the study using the Veterans Affairs Department of Defense Identity Repository. Of the total population, 9,566 veterans provided complete data. The hypothesis for the study was that many veterans would report they did not use programs within the first three months of their transition because they did not need any support early in the transition.

Table 5
Most Common Reasons for Program Nonuse
The Veterans Metrics Initiative (TVMI) Veterans Survey
2016

Reason	Percentage of responses
Vocational (n=3,167)	
No need	37.8%
Not yet found a program that meets my needs	12.9
Not sure I'm eligible	15.0
I do not know where to get help	11.1
Legal/Financial/Housing (n=4,231)	
No need	43.9
Not yet found a program that meets my needs	10.0
Not sure I'm eligible	20.9
I do not know where to get help	13.9
Health (n=2,995)	
No need	0.0
Not yet found a program that meets my needs	17.1
Not sure I'm eligible	17.6
I do not know where to get help	10.7
Social (n=7,023)	
No need	44.1
Not yet found a program that meets my needs	8.8
Not sure I'm eligible	13.2
I do not know where to get help	8.6

Source: Keith R. Aronson, Daniel F. Perkins, et al., "Going it Alone: Post-/11 Veteran Nonuse of Healthcare and Social Service Programs During Their Early Transition to Civilian Life," February 18, 2019, <https://pennstate.pure.elsevier.com/en/publications/going-it-alone-post-911-veteran-nonuse-of-healthcare-and-social-s>.

Of all the reasons that veterans listed for not using programs, “no need” was the most common response in three of the four wellness domains. See Table 5. However, a significant number of veterans indicated: “have not yet found a program that meets my needs,” “not sure I’m eligible,” and “I do not know where to get help” as reasons for not using programs.¹⁴⁷ In the vocational domain, 37.8 percent of veterans indicated they did not need help, but 15.0 percent were not sure if they were eligible for programs, 12.9 percent had not yet found a program that meets their needs, and 11.1 percent did not know where to get help. Results in the legal/financial/housing domain and the social domain followed a similar pattern to the vocational domain. In the health domain, 17.6 percent were not sure if they were eligible for programs, 17.1 percent had not yet found a program that meets their needs, and 10.7 percent did not know where to get help. Based on the reasons given for nonuse of programs in the first three months after separating from military service, the TVMI study authors concluded that “veterans need clear information about available programs, eligibility requirements, where to locate them, and how to identify which programs will benefit them.”¹⁴⁸

A majority of the Advisory Committee believes that a navigation system and a care coordinator can resolve many of the barriers identified in the study by uncovering information about a veteran, determining if they are eligible for programs, and directing veterans to a service organization that may be able to help.

Underutilized Services

Many veterans are not taking advantage of all the services and benefits available to them, such as first-time home buyers credit, caregiver support, and educational benefits. Without timely information, a veteran can lose out on benefits even if they do not plan to use them for themselves. A veteran may not be aware of the details surrounding the transfer of educational benefits to their dependents, including time limits and varying benefits based on National Guard or active duty service time.

In 2019, the federal Department of Veterans Affairs reported that only about 39 percent of all eligible veterans in the United States connected with the VA regarding a variety of healthcare and educational benefits. Some of the most underutilized benefits and services available to veterans were:¹⁴⁹

- **Aid and attendance** - Veterans and their survivors can qualify for a monthly pension if they need help with daily activities, are bedridden, live in a nursing home, or even have limited eyesight.

¹⁴⁷ Keith R. Aronson, Daniel F. Perkins, *et al.*, “Going it Alone: Post-/11 Veteran Nonuse of Healthcare and Social Service Programs During Their Early Transition to Civilian Life,” February 18, 2019, <https://pennstate.pure.elsevier.com/en/publications/going-it-alone-post-911-veteran-nonuse-of-healthcare-and-social-s>.

¹⁴⁸ *Id.* at p. 1.

¹⁴⁹ Aaron Kassraie, AARP, “Benefits Veterans May Overlook, The VA wants vets to know about loans, caregiving and support beyond health care,” December 14, 2020, <https://www.aarp.org/home-family/voices/veterans/info-2019/benefits-being-overlooked.html>.

- **Caregiver support** - Family caregivers can take advantage of a variety of services, such as a help support line, peer mentoring, online workshops and a comprehensive financial assistance program.
- **Transfer GI benefits to spouse or children** - The GI Bill helps pay for education benefits, and a veteran who doesn't use all of his or her GI allowances can transfer the remaining benefits to a spouse or child.
- **Community benefits** - Many counties have their own veteran service officer who can assist veterans with receiving their pensions, medical care, military records, grave markers and home loans.
- **Veteran service organizations** - Veteran service organizations can also assist with matters such as filing a claim with the VA or financial matters such as tax issues.
- **Home loans** - Veterans, service members and survivors can receive VA direct and VA-backed home loans to help build, buy, improve, or refinance a home. Although there are credit and income requirements, terms may be better than those offered on the open market. Nearly 90 percent of VA-backed loans are made with no down payment.
- **Life insurance** - Veterans, service members and their families can enroll in VA-administered life insurance to receive benefits they have earned.
- **Banking** - Since veterans and service members are often targeted by scams and unsavory businesses, it is important for them to bank with financial institutions that are familiar with the needs of veterans. The Veterans Benefits Banking Program (VBBP), a partnership between the VA and the Association of Military Banks of America, helps veterans obtain bank accounts with federally insured banks and credit unions. Having secure banking options allows VA beneficiaries safe ways to electronically receive VA benefits, manage monetary benefits and reduce instances of fraud.

Disconnect Between Military Organizations and Veterans/Their Families

One concern of the Advisory Committee was that while there is a wealth of information and resources available to veterans, not all veteran organizations disseminate information as effectively as they could from the top down. Veterans and their families are sometimes left looking for guidance or assistance with no idea where to go for help. If a veteran is not persistent, they may struggle to find the resources they need.

The Advisory Committee gave examples of where state and local organizations sometimes tend to address the concerns of their national organizations, overlooking numerous issues within the Commonwealth.¹⁵⁰ A disconnect in communication from the top to the district level may exist, but the DMVA believes that disconnect is something PA VETConnect will solve, without evidence to currently demonstrate. In addition, many organizations see turnover in staffing every few years and there is a learning curve which can cause problems with the coordination of services, especially when there is a change in leadership.

The COVID-19 pandemic proved to be one of the greatest challenges facing the nation in decades and transformed many aspects of daily life in Pennsylvania. In February 2020, it was reported that “the new coronavirus” had surfaced in a long-term care facility outside Seattle. With its five-star federal ratings, the Life Care Center of Kirkland appeared to be in top form, but within a matter of days, 27 of the 108 residents and 25 of the 180 staff started showing symptoms of the mysterious illness that became known as COVID-19.

Through June 2020, at least 54,000 residents and workers had died from the coronavirus in nursing homes and other long-term care facilities in the United States, while nearly 264,000 people were infected across 9,912 facilities. Residents of long-term care facilities accounted for 43 percent of all COVID-19 deaths, despite those residents comprising less than 1 percent of the U.S. population.¹⁵¹

Pennsylvania was not immune to the spread of coronavirus in its facilities. Of concern were the DMVA’s six long-term care facilities across the Commonwealth, which provide services to qualified veterans and their spouses. While COVID-19 did not exist when Senate Resolution 170 was written, lessons learned from the pandemic are leading to improved care and services in long-term care facilities, especially at the DMVA’s facilities.

¹⁵⁰ E-mail from James Ulinski, Veteran, Advisory Committee, June 19, 2020 (on file with the Joint State Government Commission).

¹⁵¹ AARP, Family Caregiving, “Four Months That Left 54,000 Dead From COVID in Long-Term Care,” December 3, 2020, <https://www.aarp.org/caregiving/health/info-2020/covid-19-nursing-homes-an-american-tragedy/>.

Florida

Florida is home to approximately 1,525,000 veterans.¹⁵² The Florida Department of Veterans Affairs (FDVA) is the agency that provides services to veterans in the Sunshine State. It is divided into four bureaus — the Bureau of Information and Research, the Bureau of Veteran Claims Services, the Bureau of Veteran Field Services, and the Bureau of State Approving for Veterans' Training.¹⁵³ With the exception of the Bureau of Information and Research, the bureaus are under the direction of the Division of State Veterans' Benefits and Assistance. The FDVA, through its Division of State Veterans' Homes, also administers seven veterans' homes, with two more under construction as of 2020. The veterans' homes provide “comprehensive, high-quality health care to eligible veterans in need of long-term skilled or assisted living care.”¹⁵⁴ The FDVA has also implemented its “Forward March” program, a coordination effort which “aims to unite the combined energy and resources of Florida’s state agencies, veteran service organizations, private partners and local communities.”¹⁵⁵

The Division of State Veterans' Benefits and Assistance “provides professional assistance to Florida veterans and their dependents in obtaining financial benefits and health care treatments from the U.S. Department of Veterans Affairs.” Within that division, the Bureau of Veterans Claims Service specifically “provides counseling and assistance to veterans, their dependents and survivors, with the preparation, submission and prosecution of claims and appeals for state and federal benefits as well as applications to correct military records.”¹⁵⁶

The Bureau of Veterans' Field Services provides “benefits counseling services to inpatients and outpatients in 44 of the VA’s medical facilities in Florida and State Veterans' Homes.” This bureau is also responsible for the Division’s outreach efforts.¹⁵⁷ The Bureau of State Approving for Veterans “reviews, evaluates and approves programs of veterans’ education at Florida’s institutions of higher learning and non-college degree schools for participation in VA Education Benefit programs”¹⁵⁸ and is 100 percent federally funded.

¹⁵² United States Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, “State Summaries — Florida,” (Sept. 30, 2017),

https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Florida.pdf.

¹⁵³ Fla. Stat. § 20.37.

¹⁵⁴ Florida Department of Veterans Affairs, “Annual Report Fiscal Year 2018-2019,” (Dec. 26, 2019), pp. 3 and 5-6, <http://floridavets.org/wp-content/uploads/2012/08/Annual-Report-2019.pdf>.

¹⁵⁵ *Id.* at p. 3.

¹⁵⁶ *Id.* at p. 9.

¹⁵⁷ *Id.* at p. 10.

¹⁵⁸ *Id.*; Fla. Stat. § 295.124.

In 2008, the Florida Legislature created the Florida Veterans Fund as a Direct Support Organization for the FDVA. The FVF is a 501(c)(3) non-profit organization and has engaged in several initiatives such as the creation of Florida's Veterans Courts, aging veterans outreach, and homeless veterans outreach.¹⁵⁹ Additionally, the state of Florida created Florida is for Veterans, Inc., another non-profit, in 2014. This organization's mission is to "help veterans fully transition to civilian life in the Sunshine State" and is employment-focused.¹⁶⁰

For fiscal year 2019, the FDVA had a budget of \$132 million, with \$120 million in trust funds established for the FDVA and an additional \$12 million appropriated from Florida's general revenue budget.¹⁶¹

Georgia

The mission of the Georgia Department of Veterans Service (GDVS) is to serve the nearly 700,000 veterans residing in Georgia, their dependents, and survivors in all matters pertaining to veterans benefits. This responsibility falls into two basic tasks, informing veterans and their families about veterans benefits and directly assisting and advising veterans and their families in securing the benefits to which they are entitled. To support these responsibilities, the GDVS maintains an appeals division, field offices, two veterans nursing homes, two veterans cemeteries, and a public information division.

In April 2019, the GDVS hosted a Supermarket of Veterans Benefits in Warner Robins on April 25, 2019 which is a gathering of federal, state, and local government agencies to provide a "one-stop shop" for veterans benefits. While the supermarket is one of the department's signature events and has been held in various cities across the state since 1966, this was the first one held since 2015. Over 3,000 veterans and their families met with GDVS staff and representatives from more than 25 agencies and non-profit organizations.

Also in 2019, legislation was introduced to create a 501(c)(3) foundation because the GDVS has had to turn away potential donors for lack of a legal tax-exempt means to accept funds. The foundation's funds will benefit veterans at state war veterans nursing homes, state veterans cemeteries and support other purposes of the GDVS.¹⁶²

Illinois

The mission of the Illinois Department of Veterans' Affairs (IDVA) is to empower veterans and their families to thrive. That mission is accomplished by assisting veterans and their families in navigating the system of federal, state, and local resources and benefits, by providing long-term

¹⁵⁹ *Id.* at pp. 22-23.

¹⁶⁰ *Id.* at p. 25.

¹⁶¹ Florida Department of Veterans Affairs, "Florida Department of Veterans' Affairs Celebrates Legislative Accomplishments," Jun. 19, 2019, <http://floridavets.org/florida-department-of-veterans-affairs-celebrates-legislative-accomplishments/>.

¹⁶² Georgia Department of Veterans Services, "2019 Annual Report" January 17 2020, p. 21, <file:///C:/Users/17172/Downloads/GDVS-2019-AR-web.pdf>.

health care for eligible veterans in their veterans' homes, and by partnering with other agencies and non-profits to help veterans address education, mental health, housing, employment, and other challenges. In 2017, Illinois had a veteran population of more than 628,000.¹⁶³

The Veterans Cash Lottery ticket is an Illinois Lottery's specialty ticket supporting Illinois veterans. The promotion and sale of this specialty ticket begins in December each year. All net proceeds from the sales of Veterans Cash Lottery tickets are deposited into the Illinois Veterans Assistance Fund, an interest-bearing account in the State Treasury. Through the Veterans Cash Committee, the IDVA awards grants to governmental organizations and tax exempt entities that apply for funding to address veterans' needs in the areas of post-traumatic stress, homelessness, health insurance costs, long-term care, disability benefits, and employment and training. Since February 2006, the Grant Committee has authorized over 356 grants totaling \$15.8 million. In fiscal year 2019, the committee awarded 23 grants totaling \$1,000,611.

The Veterans Cash Grant program has set high standards to meet statutory, reporting, and compliance standards. The result is a more defined, accurate, and transparent granting process. The application, grant agreement, and quarterly final reports provide for an increased grantee organizational structure of information and accountability through the life cycle of the grant.

The Grant Committee consists of three voting members who meet quarterly to review the grant requests. They evaluate those grant applications against a rubric, make selections, and then forward the selections to the IDVA Director for approval.¹⁶⁴

Michigan

Michigan is home to approximately 589,000 veterans.¹⁶⁵ The state institution responsible for overseeing veterans' issues in the state is the Michigan Veterans' Affairs Agency (MVAA), which was created as an agency within the Michigan Department of Military and Veterans Affairs by a 2013 executive order issued by the governor.¹⁶⁶

The MVAA provides a number of services to Michigan's veterans. These include the Michigan Veteran Resource Service Center hotline and website to provide "one-stop access for veterans and their families seeking information, resources, and staff support," and the Document Discharge Retrieval Service, which provides veterans with copies of their DD-214 discharge documents.¹⁶⁷ In addition to these direct services, the MVAA acts as the coordinating agency

¹⁶³ United States Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, "State Summaries - Illinois," Sept. 30, 2017,

https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Illinois.pdf.

¹⁶⁴ Illinois Department of Veterans' Affairs, "FY 19 Annual Report" p. 34,

<https://www2.illinois.gov/veterans/features/Documents/AnnualReport2019.pdf>

¹⁶⁵ U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, "State Summaries — Michigan," (Sept. 30, 2017), https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Michigan.pdf.

¹⁶⁶ Michigan Executive Order 2013-2; Mich. Comp. Laws Ann. § 16.225.

¹⁶⁷ Michigan Veterans' Affairs Agency, "About MVAA," <https://www.michiganveterans.com/a/About-MVAA>, accessed Jun. 30, 2020.

which “aggregates veterans services currently found in 14 state agencies as well as hundreds of community-based veteran programs.”¹⁶⁸

In 2019, the Michigan Department of Military and Veterans Affairs (DMVA) — the larger body which hosts the MVAA — received \$106.2 million in funding from federal sources (representing 52 percent of its budget), \$23.9 million from state restricted accounts, and \$73.3 million from the state general fund. Additionally, the DMVA received \$731,800 from private donors or local government sources. In total, these funding sources add up to \$204.1 million.¹⁶⁹

New York

The New York Division of Veterans’ Services (DVS) provides services, support, and advocacy for 838,000 veterans and their families.¹⁷⁰ The programs and services include economic, employment, rehabilitation, medical treatment, home health care, education, and tax exemptions. The most recent state budget provided \$19.6 million for veterans’ services.¹⁷¹

The DVS assistance provided is divided into several categories that often overlap and coordinate with one another. These categories are:

Advocacy and Assistance: Services included under this category are standard among state veterans services entities, and include assistance with claims and paperwork. A significant portion of it, however, includes the Incarcerated Veterans Program, which seeks to help incarcerated veterans become aware of their entitlements and benefits and available community resources, provides counseling to address service-related problems, and helps incarcerated veterans successfully reintegrate back into the community upon release.

Education: The services and programs provided help veterans and their families connect with educational and scholarship opportunities. Veterans who enter uniformed service without having graduated from high school can be eligible to receive high school diplomas through Operation Recognition, which was established under Section 305 of New York’s Education Law.¹⁷²

Employment & Volunteer: Services include connecting veterans with employment and career counseling services. Also available is assistance in coordinating retirement and civil service credits.

Financial & Compensation: The series of available services include annuities, compensation, and tax benefits available for veterans and their families.

¹⁶⁸ Michigan Veterans’ Affairs Agency, “Strategic Plan,” Sept. 2019, p. 5, <https://www.michiganveterans.com/servlet/servlet.FileDownload?file=00Pt000000JqRYAEA3>.

¹⁶⁹ Michigan House of Representatives, “Budget Briefing: Military and Veterans Affairs,” Jan. 2020, p. 7.

¹⁷⁰ New York Health Foundation, <https://nyshealthfoundation.org/resource/veterans-and-health-in-new-york-state/>

¹⁷¹ Veteran’s Affairs, Division of, Division of the Budget, State of New York, <https://www.budget.ny.gov/pubs/archive/fy20/exec/agencies/appropData/VeteransAffairsDivisionof.html>, April 7, 2020.

¹⁷² New York DVS, “Operation Recognition,” <https://veterans.ny.gov/content/operation-recognition-0>

Health Care: The category includes services that span a variety of medical and psychological health care services, which cover Military Sexual Trauma, State Veterans' Nursing Homes, Post Traumatic Stress Disorder (PTSD), Special Monthly Compensation, Federal Veterans Health Benefits, Benefits for Certain Children of Vietnam War Veterans, and Women Veterans Healthcare.

Housing: Veterans are provided with housing benefits that include assistance with down payments, reduced mortgage rates, and services to assist with adaptive housing. Veterans are also eligible for property tax reductions and exemptions.

North Carolina

The North Carolina Department of Military and Veterans Affairs (NC DMVA) was created November 10, 2015 by merging the Division of Veterans Affairs and the Military Affairs Advisor to the Governor. The DMVA supports both active and reserve uniformed military personnel and their families; military installations and communities; and military veterans and their families in North Carolina. The Department seeks to provide timely and responsive engagement to enhance NC's current military and veteran friendly environment. In addition, the Department also seeks to foster and promote business, technology, transportation, education, economic development, and healthcare for the veteran communities. The Department works to accomplish these services by providing assistance and coordination between the federal government, the state of NC, its political subdivisions, and collaborative and supporting agencies.

The Veterans Affairs Commission functions to advise the Secretary of Military and Veterans Affairs on matters relating to the affairs of veterans in North Carolina, to maintain a continuing review of the operation and budgeting of existing programs for veterans and their dependents, and to promulgate rules and regulations concerning the awarding of scholarships for Children of North Carolina Veterans.

North Carolina has a veteran population of approximately 730,000.¹⁷³ The State's biennial budget for 2019-2021 appropriated \$21.6 million for veterans' services.¹⁷⁴ The services provided and coordinated by the NC DMVA include:

Employment: works with employers to promote the benefits of hiring veterans, how to hire military personnel, and helps connect veterans with job opportunities.

Housing: immediate assistance for those currently struggling with homelessness, tax credits, and exemptions for current homeowners (property tax exemptions for 100 percent disabled or permanently unemployable veterans).

¹⁷³ United States Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, "State Summaries – North Carolina," Sept. 30, 2017, https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_North_Carolina.pdf.

¹⁷⁴ "North Carolina Senate Appropriations/Base Budget Committee Report on the Current Operations Appropriations Act," May 29, 2019.

Veterans Homes: Four full-service state veterans homes with 449 skilled care beds.

- Care provided by registered nurses, licensed practical nurses, and certified nursing assistants under the direction of licensed physicians.
- Registered dietician on staff.
- Experienced social workers to assist veterans and families.
- Veterans Service Officer to assist veterans and families in applying for VA benefits.
- Licensed by the State of North Carolina and approved for Medicare, Medicaid, and third party insurance.
- Complete team of therapists provide physical, occupational, and speech therapy within the facility.
- Specially designed therapeutic recreational programs directed by activity personnel on each unit.
- Full range of in-house activities, community outings, and programs involving local volunteer groups.
- Special programs throughout the year honoring veterans.

Hospital care: Provided by either the VA Medical Centers or local hospitals.

Scholarships: Provided for 8 semesters (in an 8-year time frame) to wartime veterans' children younger than age 25.

Entrepreneurship: Connects veterans with resources to help with developing their own businesses

Personal Services: Provides services such as a clothing allowance for service-related disability, adaptive equipment, assistance with automobile purchases, veterans courts, legal advocacy for low-income veterans, services for incarcerated veterans, and guide dogs and service dogs.

Ohio

The Ohio Department of Veterans Services was established as part of Title 59 Military Affairs and became operational on August 21, 2008. Services are coordinated at the county level through veterans' affairs offices overseen by each county's veterans service commission.

With a veteran population of more than 774,000,¹⁷⁵ Ohio's current biennial budget identifies \$104.4 million in funding, which is provided through streams of \$51 million in state appropriations, \$14.2 million as "dedicated purpose," debt service of \$1 million, and \$38.2 million in federal funding. Money is appropriated to four categories:

- 1) Ohio Veterans Homes
- 2) Veterans Services
- 3) Veterans Educational Activities
- 4) Veterans Bonus Program¹⁷⁶

Ohio's *Benefits Resource Guide* provides a comprehensive listing of all the different types of services and benefits provided to Ohio veterans and their families. These services include:

Education: GI Bill and state assistance "fast track" to college; scholarships and tuition waivers for children.

Employment: job services, career placement, apprenticeships/OJT, coaching, vocational rehabilitation.

Home Ownership: federal HAP (homeowners assistance program), Home Energy Assistance Program. The Ohio Housing Finance Agency provides low interest loans for first time buyers.

Financial Assistance: budgeting, credit and debt management, elder care, entrepreneurship, retirement and estate planning, homeownership, identity theft and fraud prevention, insurance, investments, children and money, and Social Security.

Medical: 59 VA medical facilities, community based behavioral health, transportation to VA medical appointments.

Homelessness: VA Medical Center provides connection to resources; county offices provide short term financial assistance.

Legal: Ohio Legal Help (for everyone) and Patriot Program (legal aid and consumer protection (appears to be aid for civil matters only), veterans courts.

License plates, driver licenses.

Military Injury Relief Fund: one-time, tax exempt payment.

¹⁷⁵ United States Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, "State Summaries - Ohio," Sept. 30, 2017, https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Ohio.pdf.

¹⁷⁶ Robert Meeker, Budget Analyst, *Redbook*, LBO Analysis of Executive Budget Proposal, Ohio Department of Veterans Services, April 2019, <https://www.lsc.ohio.gov/documents/budget/133/MainOperating/redbook/DVS.PDF>.

Military Records.

Veteran Bonus: payment.

Veterans Homes: three facilities at two locations.

Recreation: free licenses, registrations, state park discounts.

Small business: assistance with government contract procurement, entrepreneurial assistance, small business development.

Tax: income tax and homestead tax exemptions.

Rhode Island

The Ocean State is home to 63,250 veterans as of 2017.¹⁷⁷ The state agency tasked with overseeing the state's veterans' services is the Rhode Island Office of Veterans Services, or RIVETS.¹⁷⁸ The office was initially established as the Office of Veterans Affairs, but the name was changed in 2019 to better reflect the mission and character of the office.¹⁷⁹ The mission of the office is to maintain "thorough knowledge of individual and social factors contributing to personal problems that affect the veteran and active duty service members and their families, remain[] current on issues and trends impacting the work and mission of the division, [and] form[] strong and successful partnerships locally, regionally and nationwide to address veterans' issues in Rhode Island."¹⁸⁰

In 2017, RIVETS launched RIServes, a "coordinated network of more than 35 agencies and providers that makes it easier for active duty service members, veterans and their family members to find services they need in Rhode Island."¹⁸¹ The operation of RIServes is a part of the national AmericaServes network, which is administered by the Institute for Veterans and Military Families (IVMF) at Syracuse University.¹⁸²

According to RIVETS, RIServes has connected 1,027 veterans and their families to appropriate resources since its founding. In 2019, RIServes assisted 538 unique clients, 85 percent of whom were military members and veterans while the remaining 15 percent were spouses, family

¹⁷⁷ U.S. Department Veterans Affairs, National Center for Veterans Analysis and Statistics, "State Summaries — Rhode Island," Sept. 30, 2017,

https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Rhode_Island.pdf.

¹⁷⁸ Rhode Island Office of Veterans' Services, <http://www.vets.ri.gov/index.php>, accessed Jun. 26, 2020.

¹⁷⁹ RI Stat. § 30-17.1-6 (amended by P.L. 2019, ch. 88, art. 4, sec. 5).

¹⁸⁰ Rhode Island Office of Veterans' Services, "Mission Statement," <http://www.vets.ri.gov/>, accessed Jun. 26, 2020.

¹⁸¹ Rhode Island Office of Veterans' Services, "Governor Launces Statewide Coordination Network for Veterans.

Service Members and Families," press release, Dec. 11, 2017,

<http://www.vets.ri.gov/Documents/RIServesLaunch.pdf>.

¹⁸² Id.

members, and caregivers. By service period, 25 percent were post-9/11 veterans, and by age nearly two-thirds were over the age of 55. Benefits navigation was the top need reported.¹⁸³

RIVETS has also partnered with United Way 2-1-1, a community outreach organization, to promote its services to veterans across the state. The United Way operates a bus that serves as a mobile office. In 2019 alone, RIVETS staff engaged in over 250 hours of benefits counseling on road using the United Way bus.¹⁸⁴ RIVETS has also provided service grants to a number of different community organizations, including the Rhode Island Veterans' Treatment Court, Community College of Rhode Island, and Veterans of Foreign Wars.¹⁸⁵

Additionally, RIVETS has developed a statewide Veterans' Services Strategic Plan (VSSP) for the delivery of services to veterans and their families.

In 2019, RIVETS had a budget of \$40.3 million, of which \$25.5 million was state funding.¹⁸⁶ A more detailed breakdown of RIVETS's funding notes that it received \$5.5 million in patient or family funding, \$10.2 million in federal funding, and \$23.5 in state funding, for a total of \$39.3 million in funding for fiscal year 2019. This funding is spent on the state veterans' home, which accounts for most of RIVETS expenditures, as well as the state veterans' cemetery and the general operation of RIVETS.¹⁸⁷

Texas

Texas is home to approximately 1,584,000 veterans and roughly eight percent of its adult population has served in the armed forces.¹⁸⁸ The main state agency for handling veterans' issues is the Texas Veterans Commission (TVC). Its mission is to "advocate for and provide superior service to veterans that will significantly improve the quality of life for all Texas veterans, their families, and survivors."¹⁸⁹ It is a part of the executive branch and is headed by five members, all of whom are appointed by the governor with the advice and consent of the Senate.¹⁹⁰

The TVC has several duties. One duty is to create Memorandums of Understanding with the Texas Workforce Commission, the Veterans' Land Board, and "any other agency of the state that administers a program applicable only to veterans or the family members of veterans" in order to "coordinate the provision of services to state military veteran."¹⁹¹ Another duty is to assist veterans in filing claims with the federal Department of Veterans Affairs (VA).¹⁹²

¹⁸³ Rhode Island Office of Veterans' Services, "2019 Annual Report," p. 3, <http://www.vets.ri.gov/Documents/Annual%20Report%202019.pdf>.

¹⁸⁴ *Id.* at p. 19.

¹⁸⁵ *Id.* at pp. 20-23.

¹⁸⁶ Patrick Anderson, "R.I. Veterans Home's Expenses Over Budget," *Providence Journal*, Nov. 18, 2019, <https://www.providencejournal.com/news/20191118/ri-veterans-homes-expenses-over-budget>.

¹⁸⁷ RIVETS 2019 Annual Report, *supra* note 183.

¹⁸⁸ United States Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, "State Summaries - Texas," Sept. 30, 2017, https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Texas.pdf.

¹⁸⁹ Texas Veterans Commission, "Homepage," accessed Mar. 31, 2020, <https://www.tvc.texas.gov/>.

¹⁹⁰ Tex. Gov't Code Ann. § 434.003(a).

¹⁹¹ Tex. Gov't Code Ann. § 434.0071.

¹⁹² Tex. Gov't Code Ann. § 434.0078.

Through its Veterans Education Program, the TVC is tasked with assisting veterans and their family members in claiming and qualifying for Hazelwood Act benefits.¹⁹³ The Hazelwood Act is a Texas statute which gives veterans who were Texas residents at the time of their enlistment 150 tuition-free credit hours at public institutions of higher education after they have exhausted their GI Bill education benefits. Hazelwood Act benefits can also be used by the children of the qualifying veterans.¹⁹⁴ The TVC employs Veterans Education Counselors to ensure that qualifying veterans receive these benefits.¹⁹⁵

The TVC also administers the Fund for Veterans' Assistance, which provides monies to veterans and non-profit organizations that address the needs of veterans in the state. The fund receives money from occasional state appropriations and private donations.¹⁹⁶ Further, the TVC has the power to convene advisory committees "to advise and make recommendations to the commission on programs, rules, and policies affecting the delivery of services to veterans."¹⁹⁷

The TVC is also required by statute to coordinate with the Department of State Health Services in administering the state's mental health program for veterans.¹⁹⁸ The Department of State Health Services is statutorily obligated to develop a mental health intervention program for veterans, which includes services such as peer-to-peer counseling and access to licensed mental health care professionals. There are also separate initiatives for women veterans and veterans residing in rural areas.¹⁹⁹

The TVC also oversees the Texas Women Veterans Program. The goal of this program is to "ensure that the women veterans of this state have equitable access to federal and state veterans' benefits and services."²⁰⁰ Part of the TVC's mandate regarding the Women Veterans Program is to "recommend legislative initiatives and the development of policies on the local, state, and national levels to address the issues affecting women veterans."²⁰¹ The TVC must also produce a report every other year on the state's female veterans.²⁰²

Texas also has Veterans County Service Offices, which are mandatory for counties with a population of 200,000 or more. The county commissioners of smaller counties may (but are not required to) create such offices as well.²⁰³ Each county officer is tasked with the duty to "prepare, submit, and present any claim against the United States or a state for benefits to which the person may be entitled under United States or state law."²⁰⁴

¹⁹³ Tex. Gov't Code Ann. § 434.0079.

¹⁹⁴ Tex. Educ. Code Ann. § 54.341.

¹⁹⁵ Tex. Gov't Code Ann. § 434.302.

¹⁹⁶ Tex. Gov't Code Ann. § 434.017.

¹⁹⁷ Tex. Gov't Code Ann. § 424.0101.

¹⁹⁸ Tex. Gov't Code Ann. § 434.352.

¹⁹⁹ Tex. Health & Safety Code Ann. § 1001.222.

²⁰⁰ Tex. Gov't Code Ann. § 434.202.

²⁰¹ Tex. Gov't Code Ann. § 434.205.

²⁰² Tex. Gov't Code Ann. § 434.212.

²⁰³ Tex. Gov't Code Ann. § 434.032.

²⁰⁴ Tex. Gov't Code Ann. § 434.035.

In 2011, the Texas legislature created the Veterans Services Coordinating Council (VSCC). The objective of the VSCC is to “coordinate the activities of state agencies that assist veterans,” “coordinate outreach efforts that ensure that veterans are made aware of services,” and “facilitate collaborative relationships among state, federal, and local agencies and private organizations to identify and address issues affecting veterans.”²⁰⁵ The VSCC is comprised of the director or executive head of 22 state agencies listed in its governing statute.²⁰⁶

As of the 2018 fiscal year, the TVC was funded at approximately \$13.3 million from the state’s general revenue, \$11 million from federal funds, and \$26.6 million from other sources not specified for a total of \$50.9 million.²⁰⁷

Virginia

In 2017, Virginia had veteran population of more than 725,000.²⁰⁸ The Virginia Department of Veterans Services (DVS) connects Virginia’s veterans and their families to federal and state benefits, support, quality care, and recognition they have earned. The DVS is organized into seven service delivery sections: benefits; veteran and family support; veterans education; transition and employment; care centers; veterans cemeteries; and the Virginia War Memorial.²⁰⁹ The Board of Veterans Services, the Joint Leadership Council of Veterans Services Organizations, and the Veterans Services Foundation work closely with DVS to support the effective delivery of services to Virginia’s veterans and their families. Virginia has measures of effectiveness for the following programs:²¹⁰

- 80 percent of Virginia Veteran and Family Support (VVFS) clients experiencing literal homelessness will be connected to a shelter/housing resource.
- 80 percent of VVFS clients with an identified behavioral health need will be connected to an appropriate resource.
- 90 percent of all new VVFS clients will have a needs assessment completed in 7 days of initial contact for purpose of creating a coordinated resource plan.

²⁰⁵ Tex. Gov’t Code Ann. § 434.152.

²⁰⁶ Tex. Gov’t Code Ann. § 434.153.

²⁰⁷ Texas Veterans Commission, “Operating Budget for Fiscal Year 2018,” Dec. 1, 2017, p. 1, <https://www.tvc.texas.gov/wp-content/uploads/2017/12/2018-TVC-Operating-Budget.pdf>.

²⁰⁸ United States Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, “State Summaries - Virginia,” (Sept. 30, 2017), https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Virginia.pdf.

²⁰⁹ Virginia Department of Veterans Services, “Commissioners Annual Report to Gov. Ralph S. Northam, Secretary Carlos Hopkins, and the Virginia General Assembly,” (December 2, 2019), <https://www.dvs.virginia.gov/wp-content/uploads/2019/12/DVS-2019-Annual-Report-December-2-2019.pdf>.

²¹⁰ Virginia Department of Veterans Services, “Agency Planning and Performance Home” accessed April 8, 2020 http://publicreports.dpb.virginia.gov/rdPage.aspx?rdReport=vp_Agency&rdAgReset=True&Agency=912.

- Number of disability compensation and pension claims submitted by the Virginia Department of Veterans Services (DVS) to the U.S. Department of Veterans Affairs (USDVA).
- Number of Medics and Corpsmen hired by Partner Healthcare Systems.
- Number of personal veteran contact annually with the Benefits Services division.
- Number of repeat audit points.
- Number of veterans hired annually by Virginia Values Veterans (V3) program-certified companies.
- Number of visitors to the Virginia War Memorial.
- Percentage of G.I. Bill program approval requests processed within 30 days of receipt.
- Percentage of headstones/markers placed within 60 working days of the interment or inurnment.
- Percentage of Virginia Military Survivors and Dependents Education Program (VMSDEP) eligibility determinations made by the Virginia Department of Veterans Services (DVS) within 46 days of the application-submission date.
- Rate of occupancy in the Domiciliary Care section.
- Rate of occupancy in the Nursing Care section.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE RESOLUTION

No. 170 Session of
2019

INTRODUCED BY IOVINO, REGAN, HUGHES, L. WILLIAMS, FONTANA,
BLAKE, VOGEL, KEARNEY, BAKER, PHILLIPS-HILL, COLLETT, MUTH,
SANTARSIERO, MASTRIANO, FOLMER, COSTA, SCHWANK, SABATINA,
MENSCH, YUDICHAK, J. WARD, AUMENT, BROWNE, BREWSTER, BOSCOLA,
FARNESE, STREET, TARTAGLIONE, BARTOLOTTA, KILLION, LAUGHLIN,
BROOKS, YAW, LEACH, DINNIMAN, K. WARD, HAYWOOD AND
A. WILLIAMS, JUNE 17, 2019

AS AMENDED, OCTOBER 30, 2019

A RESOLUTION

1 Establishing a task force on services for veterans, including
2 the coordination of services in this Commonwealth among
3 Federal, State, local and nonprofit programs aimed at serving
4 veterans, and directing the Joint State Government Commission
5 to establish an advisory committee to the task force and
6 conduct a comprehensive review and analysis of services for
7 veterans.
8 WHEREAS, This Commonwealth is home to the fourth largest
9 veteran population in the United States; and
10 WHEREAS, The Federal dollars expended per Pennsylvania
11 veteran ranks 45th in the nation; and
12 WHEREAS, The disparity nationally in expenditures has led to
13 the establishment of thousands of veterans' service entities;
14 and
15 WHEREAS, This Commonwealth ranks within the top five states
16 in the number of nonprofit veteran organizations; and
17 WHEREAS, The sheer number of veterans' service organizations
18 across this Commonwealth has made the coordination of services,

1 cooperation and oversight difficult; and

2 WHEREAS, Navigating and availing services may be especially
3 difficult for the veteran; and

4 WHEREAS, The 2014 needs assessment from the Department of
5 Military and Veterans Affairs found that "challenges in meeting
6 veterans' needs lay not with what is available, but how it is
7 available" and that the "flow of information to veterans about
8 available services, benefits, and programs is overwhelming in
9 both volume and presentation"; therefore be it

10 RESOLVED, That the Senate establish a task force on services
11 for veterans, including the coordination of services in this
12 Commonwealth among Federal, State, local and nonprofit programs
13 aimed at serving veterans; and be it further

14 RESOLVED, That the task force be comprised of the following:

15 (1) The chair and minority chair of the Veterans Affairs
16 and Emergency Preparedness Committee of the Senate.

17 (2) Two members of the Senate appointed by the President
18 pro tempore of the Senate.

19 (3) One member of the Senate appointed by the Minority
20 Leader of the Senate;

21 and be it further

22 RESOLVED, That the Joint State Government Commission
23 establish an advisory committee to the task force consisting of
24 the following members:

25 (1) The Adjutant General of the Department of Military
26 and Veterans Affairs or a designee.

27 (2) The Secretary of Health of the Commonwealth or a
28 designee.

29 (3) The Secretary of Human Services or a designee.

30 (4) The Secretary of Drug and Alcohol Programs or a

- 1 designee.
- 2 (5) The Secretary of Labor and Industry or a designee.
- 3 (6) The Secretary of Education of the Commonwealth or a
4 designee.
- 5 (7) The chair of the Pennsylvania State Veterans'
6 Commission.
- 7 (8) A representative from a veterans' service
8 organization.
- 9 (9) The executive director of the Veterans Leadership
10 Program of Western Pennsylvania.
- 11 (10) The executive director of a multiservice center for
12 veterans.
- 13 (11) An individual who works for the Clearinghouse for
14 Military Family Readiness at The Pennsylvania State
15 University.
- 16 (12) An individual who directs research at an institute
17 for veterans and military families.
- 18 (13) An individual who serves as the director of
19 veterans' services for a county in this Commonwealth.
- 20 (14) An individual who serves as the director of a human
21 services department for a county in this Commonwealth.
- 22 (15) An individual who is employed by the United States
23 Department of Veterans Affairs.
- 24 (16) An individual who is a professional provider of
25 community care with an expertise in veterans' issues.
- 26 (17) An individual who is an expert on veterans with
27 disabilities.
- 28 (18) AN INDIVIDUAL WHO REPRESENTS A COUNTYWIDE VETERANS' <--
29 ASSISTANCE NETWORK.
- 30 ~~(18)~~ (19) Two male individuals who served in any branch <--

1 of the United States Armed Forces after the events of
2 September 11, 2001, and are residents of this Commonwealth.

3 ~~(19)~~ (20) Two female individuals who served in any <--
4 branch of the United States Armed Forces after the events of
5 September 11, 2001, and are residents of this Commonwealth;
6 and be it further

7 RESOLVED, That the Joint State Government Commission, working
8 with the advisory committee, conduct a comprehensive review and
9 analysis of laws, regulations, policies and procedures of this
10 Commonwealth and other states regarding the coordination of
11 services between Federal, State, local and nonprofit programs
12 aimed at serving veterans; and be it further

13 RESOLVED, That the review and analysis include the
14 identification of the following:

15 (1) Veterans' service networks and collaborative
16 organizations operating in this Commonwealth.

17 (2) Models currently being utilized for
18 interorganizational communication within the veterans'
19 service community in this Commonwealth and other states.

20 (3) Technological platforms currently being used to
21 collect, store and exchange data among the veterans' service
22 community in this Commonwealth and other states.

23 (4) National, state or local models that support
24 comprehensive access and navigation of veterans' services
25 being utilized.

26 (5) Any other areas recommended by the task force
27 relating to the coordination of services among the veterans'
28 service organizations;

29 and be it further

30 RESOLVED, That the task force recommend changes, when

1 necessary, to State laws, regulations, practices and procedures
2 relating to improved coordination of services in this
3 Commonwealth among Federal, State, local and nonprofit programs
4 aimed at serving veterans; and be it further

5 RESOLVED, That the Joint State Government Commission issue a
6 report of the task force's findings and recommendations to the
7 Senate within one year of the establishment of the advisory
8 committee under this resolution.

Veterans Services – Pennsylvania and Other States

State	Pennsylvania
State Agency or Department of Veterans Services	Pennsylvania Department of Military and Veterans Affairs
Enacting Legislation/Creation	Created by the Act of April 11, 1793, the Adjutant General Department was later renamed the Department of Military Affairs by the Administrative Code of 1923. The Act of March 21, 1996 changed the name, once again, to what it is known by today – the Department of Military and Veterans Affairs (DMVA).
Mission/Purpose	“The Department of Military and Veteran Affairs is a diverse team of professionals who strengthen our commonwealth by serving our Service Members, Veterans and their Families (SMVF) while preparing military personnel to safeguard our way of life.”
Funding Sources	A combination of Federal reimbursement, third party insurance, monthly maintenance fees and direct State funded budget are the primary sources of revenue. The department pursues federal and state grant opportunities to help offset or fully fund special projects and initiatives.
State Veterans Commission/ State Veterans Services Structure	The Pennsylvania State Veterans Commission was established in accordance with Title 51 of the Pennsylvania Consolidated Statutes. It is comprised of representatives of all major veterans organizations throughout the Commonwealth, as well as a representative of the Association of County Directors for Veterans Affairs. The Commission is tasked with advising the Adjutant General on matters pertaining to the status, welfare, benefits, employment and support of veterans and veterans' programs in this Commonwealth.
Veterans Programs and Services Provided	The Bureau of Veterans Homes offers its veterans six long term care facilities throughout the state. These homes provide personal care, skilled nursing care and memory care (dementia). In addition to clinical care the homes also provide pharmacy services; physical, occupational, and speech therapy; social services; therapeutic and recreational activities; transportation; barber and beauty services; religious and spiritual activities; and hospice care. The Bureau of Programs, Initiatives, Reintegration and Outreach (PIRO) concentrates its customer service on the delivery of benefits, services and programs to eligible veterans. PIRO is also responsible for comprehensive reintegration and outreach programs that ensure Service Members, Veterans and their Families (SMVF) are aware of services and have access to accredited subject matter experts to assist them in receiving the full measure of benefits earned through military service to the nation.
Veterans Programs and Services Effectiveness	See the following sections of the report for details: DMVA Initiatives from Prior Findings and Recommendations and Pennsylvania Department of Military and Veterans Affairs.
Other Information	See the following sections of the report for details: DMVA Initiatives from Prior Findings and Recommendations and Pennsylvania Department of Military and Veterans Affairs.
Sources	Website: https://www.dmva.pa.gov/Pages/default.aspx E-mails: From R. Hamp, Special Assistant to the Deputy Adjutant General for Veterans Affairs, DMVA, August 27, 2020 and November 4, 2020 (on file with the Joint State Government Commission).

State	Florida
State Agency or Department of Veterans Services	Florida Department of Veterans Affairs
Enacting Legislation/Creation	Enacted by 1988 Fla. Sess. Law Serv. 88-290, Sec. 13, Amended by 1999 Fla. Sess. Law Serv. 99-255, Sec. 2.
Mission/Purpose	"The Division of Veterans' Benefits and Assistance provides professional assistance to Florida's veterans and their dependents in an effort to obtain financial benefits and health care treatment from the U.S. Department of Veterans Affairs."
Funding Sources	FY 2019: FDVA Received \$120M from trust funds established for the FDVA, additional \$12M Florida's general revenue budget.
State Veterans Commission/ State Veterans Services Structure	FDVA has 4 bureaus: Bureau of Information and Research, Bureau of Veterans Claims Services, Bureau of Veteran Field Services, and Bureau of State Approving for Veterans' Training (last 3 are part of Division of State Veterans Benefits). Administers 7 state Veteran's Homes, with two more under construction as of 2020.
Veterans Programs and Services Provided	Assists veterans w/ filing claims w/ federal VA; Transition Assistance Program briefings for separating service members; Veterans homes; "Forward March" program which "aims to unite the combined energy and resources of Florida's state agencies, veteran service organizations, private partners and local communities."
Veterans Programs and Services Effectiveness	"For every state dollar expended for this division [Division of State Veterans Benefits], more than \$130 in federal monies are brought into Florida."
Other Information	See the following section of the report for details: Other States.
Sources	2019 Annual Report: http://floridavets.org/wp-content/uploads/2012/08/Annual-Report-2019.pdf 2019 Budget: http://floridavets.org/florida-department-of-veterans-affairs-celebrates-legislative-accomplishments/

State	Georgia
State Agency or Department of Veterans Services	Georgia Department of Veterans Service
Enacting Legislation/Creation	The Georgia Department of Veterans Service was established by amendment to the Georgia State Constitution in 1945.
Mission/Purpose	The mission of the Department of Veterans Service is to serve the 700,000+ veterans residing in Georgia, their dependents and survivors in all matters pertaining to veterans benefits. This responsibility falls into two basic tasks: informing veterans and their families about veterans benefits; and directly assisting and advising veterans and their families in securing the benefits to which they are entitled.
Funding Sources	Fiscal Year 2019 Budget: State \$23,040,744; Federal \$14,734,560; Other \$3,107,465; Total \$40,882,769.
State Veterans Commission/ State Veterans Services Structure	The Department of Veterans Service shall be administered by a commissioner of veterans service and a Veterans Service Board comprised of seven members appointed by the Governor.
Veterans Programs and Services Provided	The department maintains an appeals division, field offices, two veterans nursing homes, two veterans cemeteries, and a public information division. The Appeals Division's mission is to process appeals of Georgia veterans. The Veterans Field Service Offices, located throughout the state, provide direct assistance to veterans at the local level. The department representatives provide counsel and assist veterans in gathering the documents and information required to support their claims. The War Veterans Nursing Homes provide skilled nursing care to Georgia's war veterans who need those services. The Veterans Memorial Cemeteries provide final resting places for Georgia's veterans and their spouses and serve as shrines to their memory and their service to the nation. The Public Information Division's mission is to keep Georgia veterans informed about these issues.
Veterans Programs and Services Effectiveness	No Info.
Other Information	See the following section of the report for details: Other States, including: The Georgia Department of Veterans Service hosted a Supermarket of Veterans Benefits in Warner Robins on Thursday, April 25, 2019. The Supermarket of Veterans Benefits is a gathering of federal, state, and local government agencies to provide a "one-stop shop" for veterans benefits. While the Supermarket is one of the Department's signature events and has been held in various cities across the state since 1966, this was the first one held since 2015. Over 3,000 veterans and their families met with GDVS staff and representatives from more than 25 agencies and non-profit organizations.
Sources	https://veterans.georgia.gov Annual Report: file:///C:/Users/17172/Downloads/GDVS-2019-AR-web.pdf ---- GDVS Brief: (Funding) file:///C:/Users/17172/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/GDVS-Briefing-March-2019%20(1).pdf

State	Illinois
State Agency or Department of Veterans Services	Illinois Department of Veterans Affairs
Enacting Legislation/Creation	Created through legislation enacted in 1945, the Illinois Veterans' Commission was responsible for state services to veterans until 1976, when it was succeeded by the Illinois Department of Veterans' Affairs (IDVA), created by Public Act 79-376.
Mission/Purpose	The mission of the Illinois Department of Veterans' Affairs (IDVA) is to empower veterans and their families to thrive. We do this by assisting them in navigating the system of federal, state and local resources and benefits; by providing long-term health care for eligible veterans in our Veterans' Homes; and by partnering with other agencies and non-profits to help veterans address education, mental health, housing, employment, and other challenges.
Funding Sources	FY 2019 - Agency Summary (In thousands) - General Revenue Funds \$77,889.2 and \$81,728.5; Other \$5,074.3; Total Appropriated Funds \$164,692.0; Non-Appropriated Funds \$50.1; Total Agency \$164,742.1.
State Veterans Commission/ State Veterans Services Structure	The IDVA was formerly the Illinois Veterans' Commission until 1976.
Veterans Programs and Services Provided	The IDVA team consists of more than 1,200 staff – many of whom are veterans – who are committed to serving the Illinois veteran community. Veteran Service Officers, Veterans' Home Staff, Central Office, Special programs, including the Illinois Warrior Assistance Program & Veterans Cash, State-Approving Agency (SAA) and Grants/Records.
Veterans Programs and Services Effectiveness	No Info.
Other Information	IDVA assists in coordinating services and activities among state and federal agencies, as well as with non-profit organizations that serve veterans. To accomplish this, IDVA staff serve on a number of statutory committees and task forces and work in partnership with several federal agencies, including the USDVA, the U.S. Small Business Administration, and the U.S. Department of Labor. IDVA has established and maintains a network of advocacy with a variety of state agencies including the Department of Employment Security, the Department of Corrections, the Department on Aging, the Department of Commerce and Economic Opportunity, the Department of Human Services, the Department of Military Affairs, the Department of Children and Family Services, the Department of Public Health, and the Department of Healthcare and Family Services.
Sources	https://www2.illinois.gov/veterans/Pages/default.aspx Annual Report: https://www2.illinois.gov/veterans/features/Documents/AnnualReport2019.pdf

State	Michigan
State Agency or Department of Veterans Services	Michigan Department of Military and Veterans Affairs -- Michigan Veterans Affairs Agency
Enacting Legislation/Creation	MVAA created by Executive Order 2013-2; MDMVA created by 1965 Mich. Pub. Acts 380; Mich. Comp. Laws Ann. Sec. 16.225.
Mission/Purpose	The mission of the MVAA is to be "the central coordinating agency for the state, providing support, care, advocacy and service to veterans and their families."
Funding Sources	Michigan Department of Military and Veterans Affairs -- 2019 Budget: \$204.1 million, of which \$106.177 million came from federal sources, \$73.248 million from the state general fund, \$23.909 million from state restricted accounts, and \$731,800 from private and local sources.
State Veterans Commission/ State Veterans Services Structure	The MVAA is an agency within the larger Michigan Department of Military and Veterans Affairs. The MVAA "aggregates veterans services currently found in 14 state agencies as well as hundreds of community-based veteran programs."
Veterans Programs and Services Provided	Michigan Veteran Resource Service Center, Document Discharge Retrieval Service, aggregates veterans services currently found in 14 state agencies as well as hundreds of community-based veteran programs.
Veterans Programs and Services Effectiveness	The 2019 strategic plan includes performance metrics to be met for each objective. Time will tell how successful the MVAA is at achieving these objectives.
Other Information	--
Sources	2019 Strategic Plan: https://www.michiganveterans.com/servlet/servlet.FileDownload?file=00Pt00000JqRYAEA3

State	New York
State Agency or Department of Veterans Services	New York Division of Veterans' Services
Enacting Legislation/Creation	Article 17, section 351, New York Laws EXC - Executive
Mission/Purpose	"The New York State Division of Veterans' Services advocates on behalf of New York's veterans and their families, as individuals and as a group, to ensure they receive benefits granted by law for service in the United States Armed Forces."
Funding Sources	\$19.6 million in the state budget.
State Veterans Commission/State Veterans Services Structure	New York doesn't appear to have a separate commission.
Veterans Programs and Services Provided	Economic, employment, rehabilitation, medical treatment, home health care, education, and tax exemption.
Veterans Programs and Services Effectiveness	No Info.
Other Information	--
Sources	State website. Veteran's Affairs, Division of, Division of the Budget, State of New York, https://www.budget.ny.gov/pubs/archive/fy20/exec/agencies/appropData/VeteransAffairsDivisionof.html , April 7, 2020.

State	North Carolina
State Agency or Department of Veterans Services	North Carolina Department of Military and Veterans Affairs
Enacting Legislation/Creation	Article 14. Department of Military and Veterans Affairs, created November 10, 2015 by merging the Division of Veterans Affairs and Military Affairs Advisor to the Governor.
Mission/Purpose	"The North Carolina Department of Military and Veterans Affairs supports both active and reserve uniformed military personnel and their families; military installations and communities; and military veterans and their families in North Carolina. The Department seeks to provide timely and responsive engagement to enhance NC's current military and veteran friendly environment. In addition, the Department also seeks to foster and promote business, technology, transportation, education, economic development, and healthcare for the veteran communities. The Department works to accomplish these services by providing assistance and coordination between the federal government, the state of NC, its political subdivisions, and collaborative and supporting agencies."
Funding Sources	This is a biennial budget. Funding is not listed by source. 2019-2021 approp. is \$21.6 million.
State Veterans Commission/ State Veterans Services Structure	Veterans Affairs Commission: The Veterans Affairs Commission functions to advise the Secretary of Military and Veterans Affairs on matters relating to the affairs of Veterans in North Carolina, to maintain a continuing review of the operation and budgeting of existing programs for Veterans and their dependents, and to promulgate rules and regulations concerning the awarding of scholarships for Children of North Carolina Veterans.

State	North Carolina
Veterans Programs and Services Provided	<p>Employment: works with employers to promote the benefits of hiring veterans, how to hire military personnel, and helps connect veterans with job opportunities. Housing: immediate assistance for those currently struggling with homelessness to tax credits and exemptions for current homeowners (property tax exemptions for 100% disabled or permanently unemployable veterans)</p> <p>Veterans Homes: Four full-service state veterans homes with 449 skilled care beds.</p> <ul style="list-style-type: none"> • Care provided by registered nurses, licensed practical nurses and certified nursing assistants under the direction of licensed physicians. • Registered dietician on staff. • Experienced social workers to assist veterans and families. • Veterans Service Officer to assist veterans and families in applying for VA benefits. • Licensed by the State of North Carolina and approved for Medicare, Medicaid and third-party insurance. • Complete team of therapists provide physical, occupational and speech therapy within the facility. • Specially designed therapeutic recreational programs directed by activity personnel on each unit. • Full range of in-house activities, community outings and programs involving local volunteer groups. • Special programs throughout the year honoring veterans. <p>Hospital care provided by either the VA Medical Centers or local hospitals</p> <p>Scholarships: provided for 8 semesters (in an 8-year time frame) to children <age 25 of wartime veterans</p> <p>Entrepreneurship: Connects veterans with resources to help with developing their own businesses</p> <p>Personal Services: Provides services such as a clothing allowance for service-related disability, adaptive equipment, assistance with automobile purchases, veterans courts, legal advocacy for low-income veterans, services for incarcerated veterans, guide dogs and service dogs.</p>
Veterans Programs and Services Effectiveness	No Info.
Other Information	--
Sources	State website. North Carolina Senate Appropriations/Base Budget Committee Report on the Current Operations Appropriations Act, May 29, 2019.

State	Ohio
State Agency or Department of Veterans Services	Ohio Department of Veterans Services
Enacting Legislation/Creation	Title 59 Military Affairs. S.B. 289 of the 127th General Assembly and became operational on August 21, 2008.
Mission/ Purpose	None listed
Funding Sources	This is a biennial budget. Funding streams: \$51.0 million state approp; \$14.2 "dedicated purpose;" debt service \$1.0; \$38.2 federal. Total \$104.4. Money is appropriated to four categories: 1. Ohio Veterans Homes; 2. Veterans Services; 3. Veterans Educational Activities and 4. Veterans Bonus Program.
State Veterans Commission/ State Veterans Services Structure	It appears each county has a veterans service commission that oversees the county veterans affairs offices.
Veterans Programs and Services Provided	<p>Education: GI Bill and state assistance "fast track" to college; scholarships & tuition waivers for children.</p> <p>Employment: job services, career placement, apprenticeships/OJT, coaching, vocational rehabilitation.</p> <p>Home Ownership: federal HAP (homeowners assistance program), Home Energy Assistance Program, Ohio Housing Finance Agency provides low interest loans for first time buyers.</p> <p>Financial Assistance: budgeting, credit and debt management, elder care, entrepreneurship, retirement and estate planning, homeownership, identity theft and fraud prevention, insurance, investments, children and money.</p> <p>Social Security. Medical: 59 VA medical facilities, community based behavioral health, transportation to VA medical appointments.</p> <p>Homelessness: VA Medical Center provides connection to resources, county offices provide short term financial assistance.</p> <p>Legal: Ohio Legal Help (for everyone) and Patriot Program (legal aid and consumer protection (appears to be aid for civil matters only), veterans courts. License plates, driver licenses.</p> <p>Military Injury Relief Fund: one-time, tax exempt payment. Military Records.</p> <p>Veteran Bonus: payment.</p> <p>Veterans Homes: three facilities at two locations.</p> <p>Recreation: free licenses, registrations, state park discounts.</p> <p>Small business: assistance with government contract procurement, entrepreneurial assistance, small business development.</p> <p>Tax: income tax and homestead tax exemptions.</p>
Veterans Programs and Services Effectiveness	No Info.
Other Information	--
Sources	State website. Robert Meeker, Budget Analyst, Redbook, LBO Analysis of Executive Budget Proposal, Ohio Department of Veterans Services, April 2019, https://www.lsc.ohio.gov/documents/budget/133/MainOperating/redbook/DV S.PDF

State	Rhode Island
State Agency or Department of Veterans Services	Rhode Island Office of Veterans' Services
Enacting Legislation/Creation	RI Stat. Sec. 30-17.1-6 Establishment of the Office of Veterans' Affairs, enacted by P.L. 2011, ch. 151, art. 9, sec. 4, amended to change the name of the office to "Office of Veterans' Services" by P.L. 2019, ch. 88, art. 4, sec. 5.
Mission/Purpose	The mission of the RI OVS is to maintain "thorough knowledge of individual and social factors contributing to personal problems that affect the veteran and active duty service members and their families, remains current on issues and trends impacting the work and mission of the division."
Funding Sources	2019: 40.93 million according to media source. 2019: RI OVS -- Federal: \$10.202 million, State: \$23.516 million; Veterans Homes -- Federal: \$10.202 million, State: \$21.741 million; Veterans Cemeteries --State: \$1.025 million; family contributions ~\$400k. This translates to roughly \$39 million for OVS and an additional \$37 million for the veterans homes. Source is RI OVS 2019 annual report.
State Veterans Commission/ State Veterans Services Structure	The RI OVS oversees the state's veterans' homes and its veteran cemeteries. Coordinates with other state agencies to administer the Veterans Services Strategic Plan. RIServes is the coordinated network of community providers, however the relationship between RI OVS and RIServes is unclear.
Veterans Programs and Services Provided	Coordinate Veterans' Services; Run veterans' homes; run veterans' cemeteries. Offers disability benefits; education; employment and training; services to family members and caregivers; financial planning services; homelessness outreach and help; assistance to veterans living in poverty; legal services; long-term care; help with mortuary affairs; assistance with health issues such as PTSD and agent orange exposure; transitional assistance; transportation. Most of these are offered in partnership with private organizations through RIServes.
Veterans Programs and Services Effectiveness	According to its 2019 annual report, the RI OVS has had numerous successes across its varied programs. For instance, in the area of transition assistance, the RI OVS has "instituted an outreach program to recently-separated service members." In the area of education, RI OVS has increased its on-campus presence to better provide services to the state's student veterans.
Other Information	--
Sources	Budget: https://www.providencejournal.com/news/20191118/ri-veterans-homes-expenses-over-budget ; 2019 Annual Report: http://www.vets.ri.gov/Documents/Annual%20Report%202019.pdf RIServes: https://riserves.org/

State	Texas
State Agency or Department of Veterans Services	Texas Veterans Commission; Veteran County Serv's Offices (mandatory for counties w/ 200k+ pop.); Texas Coordinating Council for Veterans Services
Enacting Legislation/Creation	Enacted by 1987 Tex. Sess. Law Serv. 147: Tex. Gov't. Code Ann. Sec. 434.001 (Vets Comm'n); Tex. Gov't Code Ann. Sec. 434.032 (Vet. County Serv's Offices). Enacted by 2011 Tex. Sess. Law Serv. 1112: Tex. Gov't Code Ann. Sec. 434.152 (Tex. Coordinating Council for Vet. Serv's).
Mission/Purpose	"The mission of the Texas Veterans Commission is to advocate for and provide superior service to veterans that will significantly improve the quality of life for all Texas veterans, their families, and survivors."; Coordinating Council goal is "coordinate the activities of state agencies that assist veterans," "coordinate outreach efforts that ensure that veterans are made aware of services," and "facilitate collaborative relationships among state, federal, and local agencies and private organizations to identify and address issues affecting veterans."
Funding Sources	2019: General Revenue Funds - \$14.516M; Federal Funds - \$12.540M; Other Funds - \$20.514M. Total = \$47.570M.
State Veterans Commission/ State Veterans Services Structure	Texas Veterans Commission administers the Texas Women's Veterans Program, the Veteran Education Excellence Recognition Award Program, the Veterans Education Counselors Program, and oversees the Statewide Coordination of Mental Health Programs for Veterans.
Veterans Programs and Services Provided	TVC provides free Claims Benefits Advisors to help vets file claims w/ VA; Administers Women's Veterans Program; Veteran Education Excellence Recognition Award Program; Veterans Education Counselors (employed by TVC to administer educ. benefits); Provides Veterans Assistance Grants for housing, transportation, mental health care, and county Veterans Treatment Courts; Coordinates state mental health programs for vets with the Department of State Health Serv's.
Veterans Programs and Services Effectiveness	No Info.
Other Information	See the following section of the report for details: Other States.
Sources	Source for Budget Info: https://www.tvc.texas.gov/wp-content/uploads/2017/12/2018-TVC-Operating-Budget.pdf General Website: www.tvc.texas.gov

State	Virginia
State Agency or Department of Veterans Services	Virginia Department of Veterans Services (DVS)
Enacting Legislation/Creation	Va. Code Ann. § 2.2-2000. Department of Veterans Services created; appointment of Commissioner.
Mission/Purpose	The Virginia Department of Veterans Services (DVS) connects Virginia's veterans and their families to federal and state benefits, support, quality care, and recognition they have earned.
Funding Sources	FY 19 DVS Budget: General Fund- \$20,661,628; Special (fee for service) - \$34,312,776; Dedicated Special (donations) - \$796,500; Federal Trust (federal contract) - \$29,313,669; FY 19 Total - \$85,084,573.
State Veterans Commission/ State Veterans Services Structure	Virginia doesn't appear to have a separate state commission.
Veterans Programs and Services Provided	The Department of Veterans Services (DVS) is organized into seven service delivery sections: benefits; veteran and family support; veterans education; transition and employment; care centers; veterans cemeteries; and the Virginia War Memorial. The Board of Veterans Services, the Joint Leadership Council of Veterans Services Organizations, and the Veterans Services Foundation work closely with DVS to support the effective delivery of services to Virginia's veterans and their families.
Veterans Programs and Services Effectiveness	See the following section of the report for details: Other States.
Other Information	--
Sources	https://www.dvs.virginia.gov/ Annual Report: https://www.dvs.virginia.gov/wp-content/uploads/2019/12/DVS-2019-Annual-Report-December-2-2019.pdf Agency Planning and Performance: http://publicreports.dpb.virginia.gov/rdPage.aspx?rdReport=vp_Agency&rdAgReset=True&Agency=912