



Lehigh Military Affairs Council

White Paper

25 April 2011

"The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the Veterans of earlier wars were treated and appreciated by their nation." George Washington, 1789.

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1. Purpose

To answer the questions from the Governor’s Office on what veterans issues we need to address and what consequent legislation should be introduced without creating a separate department of veterans affairs.

2. The Problems

There are many issues which bear discussion but they generally fall under three major (great) issue categories.

An Empowered Advocate: The foremost, current issue for veterans affairs in the Commonwealth is a strong and independent advocate who can act with authority on behalf of veterans and owes his/her position to proven performance on their behalf. In comparison, the agency behind that person which gives him the tools to manage (and despite its importance) is mere accoutrement. Leadership of the nature required is not currently allowed.

Accountability: An accompanying second great issue is the state government’s accountability to veterans and taxpayers alike. Other than some superficial budget management and also compliance with health service requirements regarding state veterans homes (which are standards largely federally imposed), the current system requires very little management accountability when it comes to what is being done for veterans. Little transparency exists and no great demands are placed upon the various agencies charged with some aspect in the welfare of our veterans in our current veterans affairs system – as is exhibited by the poor reporting requirements.

Vision and Direction: The third great issue is strategic analysis and subsequent long-term vision and planning. The current war is placing and will continue to place new demands on veterans affairs. The danger is that we are not being as responsive to those demands as we might be, for state government is mired in the past and is consequently reactive when challenged. The definitions of success do not exist except perhaps in state veterans home reporting. The current veterans affairs system is not adapting to 21st century realities and demands. There is an over-reliance on certain veterans organizations to point out what is needed for veterans’ general welfare. The fact that all these organizations together represent perhaps at most one third of the state’s veterans means that nobody is looking out for what the majority of our veterans needs.

3. Proof of the Problems

A few examples are provided to support the contention that change is needed and can be related back to the above major issue categories. We need to take a hard look at ourselves if we are to get well.

Lack of Advocacy: In the last three years, the Deputy Adjutant General for Veterans Affairs has not been allowed to present his own budget or testify as to what is needed for veterans, budget or no budget. In those same three years, the majority of the budget general fund cutbacks in the Department of Military and Veterans Affairs occurred in veterans affairs, for the military side of the house is principally funded by the federal government. The Adjutant General, a military position, is not a stakeholder in veterans affairs by frame of reference or by budget other than in recognizing that *federal* funding to the veterans homes provides substantial employment opportunities for Guardsmen past and present and their families and those in the surrounding communities. Indeed, the Assembly confuses force maintenance/retention issues of the military with those of veterans and had it not been for the current war, most Guardsmen would not be veterans at all. The definition of veterans and their needs are lost in the *milieu*. The Adjutant General has been forceful in presenting the needs of the Guard but not of veterans in general.

Lack of Management: Significant investment was made into the Scotland School over about a twenty year period after transfer from the Department of Education to the Department of Military and Veterans Affairs, when a business analysis would have shown it to be a poor proposition that had outlived its usefulness. Fully a third of the children attending the school did not meet the definition of being a veterans' dependent at all. Ultimately, the justification for its existence relied more on the economic welfare of the community in which it was situated and the emotional attachment to the school by veterans, than in the role it played for *veterans'* children. Yet during the closure of the school in FY2009, no advocate (person or agency) emerged for alternative funding and to proactively arrange for the veterans' children who were honestly affected.

Lack of Control: The Department of Military and Veterans Affairs effectively hides the true manpower requirements of veterans affairs by reassigning veterans affairs paid staff to its other support sub-agencies. Examples are in legal and personnel staffs. Properly they should be reported as a cost of doing veterans affairs business and normally would be under the direct control of the Deputy Adjutant General for Veterans Affairs. There is room for doubt some of these positions are working fulltime on veterans issues alone if they are not directly managed by the Deputy. Reporting and proration of efforts are not required by the Assembly or Governor and when a former Adjutant General was asked, the answer was it would be difficult to do. It is conceivable the dollars could be better applied, but there is not a current way of knowing. A need for state service officers distributed throughout the state has existed, especially since the Office of Veterans Affairs has no authority over county directors and their performance.

Lack of Planning: In 2008-2009 the state assessed the need for additional state veterans homes and ultimately only after considerable prodding by the veterans organizations interested in having one in central Pennsylvania. The report, completed in March 2009, suggested that three more were required despite a decreasing veterans populations and that bed redistribution was among the primary issues in response to changing needs. Additionally it touched upon the evolving aging in place movement and using the homes as work centers to manage this problem. The response of government was to bury the report and not release the final product until veterans organizations protested the act. No action to consider the additional state homes (which would receive substantial federal funding) has been taken to include them in the capital budget. Other issues of using the facilities for acute rehabilitation to extend aging in place and for homelessness are not discussed. Historically, the state veterans homes have not developed out of any master plan but rather in response to veterans groups pressure.

Lack of Interagency Planning: There is virtually no coordination of effort between the Departments of Labor and Industry, Education, Public Welfare, Health Services, Transportation, Agriculture, and Military and Veterans Affairs on veterans matters. PA CARES (Pennsylvania Americans showing Compassion, Assistance, and Reaching out with Empathy for Service members) does not meet the criterion – it is a

networking group of well-meaning and helpful individuals from various departments and associations with no specific departmental direction or plan. The same applies to working at the federal level. The Deputy Adjutant General, regardless of ability, is not given sufficient status or authority. This not only impacts on successfully transitioning veterans and ensuring those most in need receive appropriate attention, but also loses us both state and federal grants.

Lack of Performance or Long-Range Planning Reports: No strategic plan or long-range plan or a detailed annual or biannual report (a biannual report is required by law) for performance and accountability review is submitted on veterans affairs by the Office of Veterans Affairs. What reports and statements are provided are of dubious accuracy as they cannot be independently confirmed by the Office of Veterans Affairs and there are no performance measures. Nor have the Veterans Affairs and Emergency Preparedness Committees appear to have demanded such for the good order and welfare of the veterans affairs system. In fact, these committees rarely meet on issues of veterans issues of substance, demand investigation or study of thorny issues and problems. Emergency management, homeland security and military affairs outweigh veterans affairs in perceived importance.

Lack of Effective Advisory Structures: The State Veterans Commission (SVC) currently serves no useful purpose. It currently exists to meet statutory requirements, some which beg the question of what was its original purpose – now seemingly lost to history. It merely acts to endorse the views and actions of the Pennsylvania War Veterans Council (PWVC) which is not its proper role. Its constituency and concerns should be larger. If its purpose is oversight, advising, and investigation as stated in law, it is not occurring. Very few states now give their highest advisory body a governing role. Their post- Civil War structures are long gone.

Any subcommittee efforts, with an exception or two, have been dysfunctional. Indeed, the concept of using committees does not really exist. Time is not put into them when they do occur and other talent at the disposal of the various organizations represented is generally not applied to them.

The state veterans commission does not testify before the Assembly, having allowed the PWVC to co-opt it as they are virtually the same. Neither the Veterans Affairs and Emergency Preparedness Committees nor the Appropriations Committees ask it to testify although it has a legislative and advisory role.

Nor does it appear to be attuned to the concerns of veterans who are not members of the PWVC. The input of concerned individuals and other organizations that actually work veterans issues at “ground zero” is not sought or represented. Additionally, Act 66 has insidiously blackmailed or prevented some from speaking up, for fear of losing funding which they need. Consequently, the same well-meaning veterans who care about others, abetted by the present problems of the OVA structure, have limited its value and role and coaxed the Governor and Assembly into complacency

Lack of Challenging the VA to Excel: Other states challenge. We do not. The Department of Veterans Affairs at Washington and state levels is not being challenged to respond sufficiently. Its outreach is poorer than claimed as are its services except within the vicinity of a hospital. There are problems with uniformity of service. And veterans don’t get the same opportunities to vote with their feet that they get with a private medical system, or even with TRICARE. If they must use the VA, they are a captured clientele.

The very idea that the state must fund a transportation network to ensure a federal facility can serve its clients should raise questions on the part of the Department [of Military and Veterans Affairs] and the Assembly. The alignment of hospital service areas to populations needs challenging and the need for state and local community partnerships needs addressing where VA hospitals are outside the commonly accepted rules for service areas. Activities such as these are permitted by the VA, but local medical centers are reluctant to implement them.

As one example, the mental health of returning veterans is a known pressing issue. The VA has been trying to handle the problems itself without sufficient resources. Its own internal audits have raised questions as to its performance. The Guard has been appeased by the placement of a joint clinic at Indiantown Gap and attention to the Guard Yellow Ribbon and de-processing events. Such things are good, but they are really about force maintenance and retention whereas in reality the “other” veterans are neglected. Both the Departments of Defense (in the main) and Veterans Affairs have neglected the Individual Ready Reservist and the recent veteran no longer under contract and only emphasized those currently serving in units. Consequently, not all returning “combat” veterans are being “touched” for the 5 year special access healthcare program (extended to five after the failure of the two year program). Furthermore, PTSD is on the upswing for Vietnam Era veterans once again.

Lack of Initiative: There is no way currently to tell the effectiveness of the Act 66 program through independent verification against measured success. Undoubtedly it has helped. The definition of outreach has been essentially limited to claims work, but there is more to outreach than the back end of a solution (a claim). DMVA failed to advise the legislature during the formulation of the legislation on what it needed to enforce the program and what the reporting requirements should be. It took no official position, for or against, and stood by. At the same time it could have introduced for inclusion in legislation those things needed to make the county director of veterans affairs system more effective and to request budgeting for the same (e.g., implementation of an automation plan connected with the VA Regional Offices). It could also have argued for more state service officers which ultimately would have given the OVA more control but did not.

Other examples of lack of initiative are the failure to propose a current war bonus program to assist veterans in transition and a home loan assistance program to encourage retention of quality citizens within the state. Nothing has been learned from the failure of the Persian Gulf War Bonus program in being timely.

Lack of Responsiveness: In November 2006, the Legislative Budget and Finance Committee completed as study of the current veterans affairs system using a contractor. The study found the system wanting and many useful insights were made about how to operate a state veterans affairs system. However, release of the report was held up until October 2007 – the Department of Military and Veterans Affairs having a lot to do with that due to its self-perceived embarrassment – and only released practically under protest after considerable urging by veterans. The current system allows problems to be buried because the Adjutant General, who has the ear of the Governor, is focused elsewhere and the Deputy Adjutant General for Veterans Affairs is relegated to silence.

4. The Coming Trends

Trends need to be watched and require state intervention to ensure we are meeting other needs of our veterans. More concern is needed in other areas of veterans affairs – to call them a federal problem, as one Assemblyman did, is to miss the point that those states that are proactive do best by their veterans and themselves. Instead, the focus has been on almost exclusively on improving state veterans homes and claims services as the purposes of state veterans affairs.

Rising Health Issues: There needs to be a recognition that veterans affairs in Pennsylvania over the next ten years must shift to adjust a smaller but far more demanding population. The downsizing in population makes the problem more manageable, but not the level of activity required. That will go in the opposite direction.

This new population is appearing now. Since September 2002, over 81,754 combat and non-combat veterans have separated and reported Pennsylvania as their home of record (as of September 2010). Of these approximately 33,250 were actual combat theater veterans (DoD Aug 2009 Special Rpt). Consequently the proportion of current war and women veterans are shifting dramatically (**Tables 1 and 2**) and are raising new issues. The effects of traumatic brain injury from the current war are expected

to place demands on the system; hearing loss is an emerging issue also. Amputations have increased of late.

Agent Orange is striking down the Vietnam Generation earlier than anticipated; diabetes is appearing as a disturbing trend in addition to the cancers. Both population groups suffer from unusually high rates of post traumatic stress disorder and co-occurring, debilitating disorders are to be expected. Combat veterans suffer significantly more from this dis-ease and we have an increasingly new population crop as the current war progresses.

A 2009 Department of Veterans Affairs (VA) report states there has been a 39% increase in service-connected disability ratings since 1990 and that the severity of these ratings is increasing also (**Chart 1**). We also know that the VA's claim processing is significantly backlogged and more are therefore in the pipeline than have been reported. We know from the 2007 RAND study published in 2008 that current war veterans are applying for disability at a much higher rate than those of previous generations (almost four times the rate) despite the problems that exist in the current system, which is rife with bad paperwork, delays, and appeals. The indicators are all there that the VA healthcare system will be under stress and may need to remodel itself to meet the demand as implied previously. The state needs to assist in encouraging such efforts. Pennsylvania – currently having the fourth largest veterans population in the nation as of the 2010 reporting – needs to be in the forefront of change as it is among those most affected.

Yet even now there are signs in gross statistical indicators that the VA has shifted its attention away from Pennsylvania veterans in the area of medical healthcare (**Table 3**). The building and technology boom has masked a disturbing trend when it comes to the individual veteran healthcare. Pennsylvania does not seem to be as competitive other surrounding states (an indication of attention to issues).

Table 1: Period of Service Breakdown for Pennsylvania
(with Wartime and Gender Breakdown)

Period	2010		Female		2020		Female	
Wartime	708,200	73.5%	43,900	6.2%	472,600	67.6%	39,600	8.4%
Gulf Wars	183,500	19.0%	28,200	15.4%	196,700	28.1%	31,100	15.8%
Vietnam Era	320,400	33.2%	9,200	2.9%	234,500	33.5%	7,300	3.1%
Korean Conflict	117,700	12.2%			38,100	5.5%		
WWII	109,800	11.4%			13,960	2.0%		
Peacetime	255,900				227,026			
Total	964,100		63,600	6.5%	699,600		63,500	9.1%

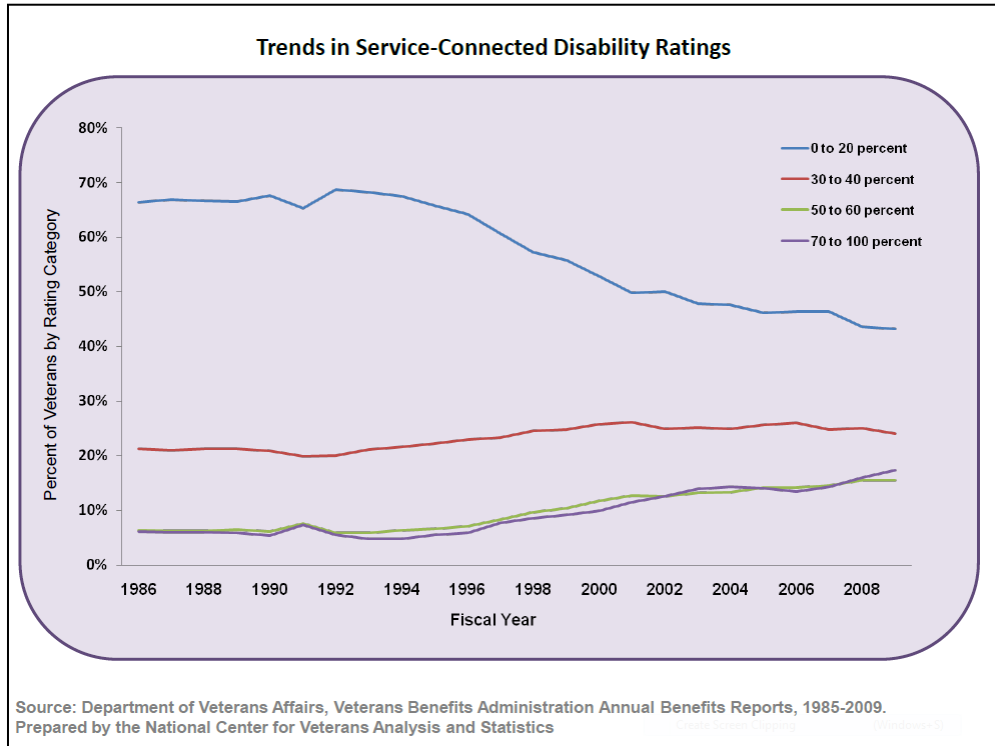
Source: VA 2L data, VetPop2007

Table 2: Pennsylvania's 2010 Current War Combat Veterans
(by Service and Component Breakdown, Separated and Unseparated)

Active Component	55,477	68.0%
Air Force	11,505	
Army	21,600	
Marines	9,317	
Navy	13,055	
Coast Guard	0	
Reserve Component	26,115	32.0%
Air Force	1,727	
Army	7,373	
Marines	1,704	
Navy	458	
Coast Guard	3	
Air Guard	3,514	4.3%
Army Guard	11,336	13.9%
Total	81,592	100%

Source: 31 July 2010, DoD CTS Deployment File

Chart 1



Source: VA NCVAS, 2010

Table 3: VA Medical Expenditures on Pennsylvanians

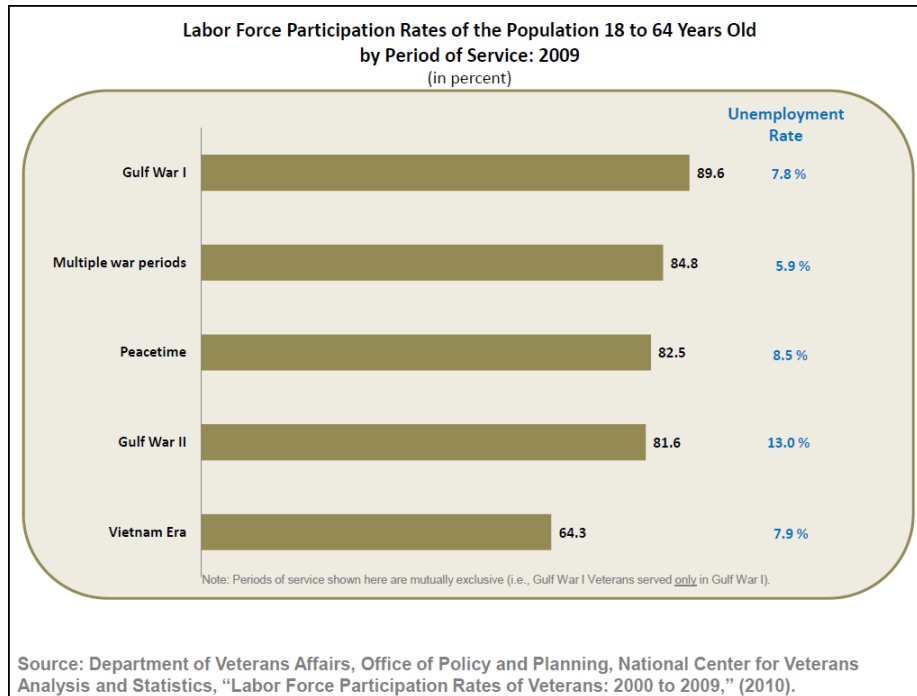
Fiscal Year	Medical Care/ per Capita (\$000)	State Rank	Medical Care/ per Patient (\$000)	State Rank
Pennsylvania				
2004	\$ 1.00	40	\$ 4.95	42
2007	\$ 1.25	36	\$ 5.50	36
2010	\$ 1.76	35	\$ 7.17	41
New York (by way of comparison)				
2004	\$ 1.47	9	\$ 6.79	5
2007	\$ 1.82	6	\$ 7.81	2
2010	\$ 2.41	6	\$ 9.95	2
West Virginia				
2004	\$ 1.84	2	\$ 5.86	17
2007	\$ 2.27	2	\$ 6.63	7
2010	\$ 3.09	2	\$ 8.85	8
Ohio				
2004	\$ 0.96	42	\$ 5.52	26
2007	\$ 1.27	33	\$ 6.10	17
2010	\$ 1.98	20	\$ 8.41	13

Source: VA GDX Reports

Overcoming Unemployment: Our veterans affairs system does not discuss veterans employment, despite it being the number one issue for returning veterans. As of 2009, a recent VA report indicated that since 2003 unemployment of veterans in the 18-24 year age group has been higher (21.6% in 2009) than that of peer non-veterans. Currently 21.6% can expect to be unemployed. The VA dismisses this trend as statistically insignificant and the Department of Labor does not raise the alarm either. However, the same

report shows that the current war veterans are having a harder time at employment compared to other veterans (**Chart 2**). This contradicts the general notion all veterans are doing well compared to their nonveteran peers considering the economics of the times.

Chart 2



Source: VA NCVAS, 2010

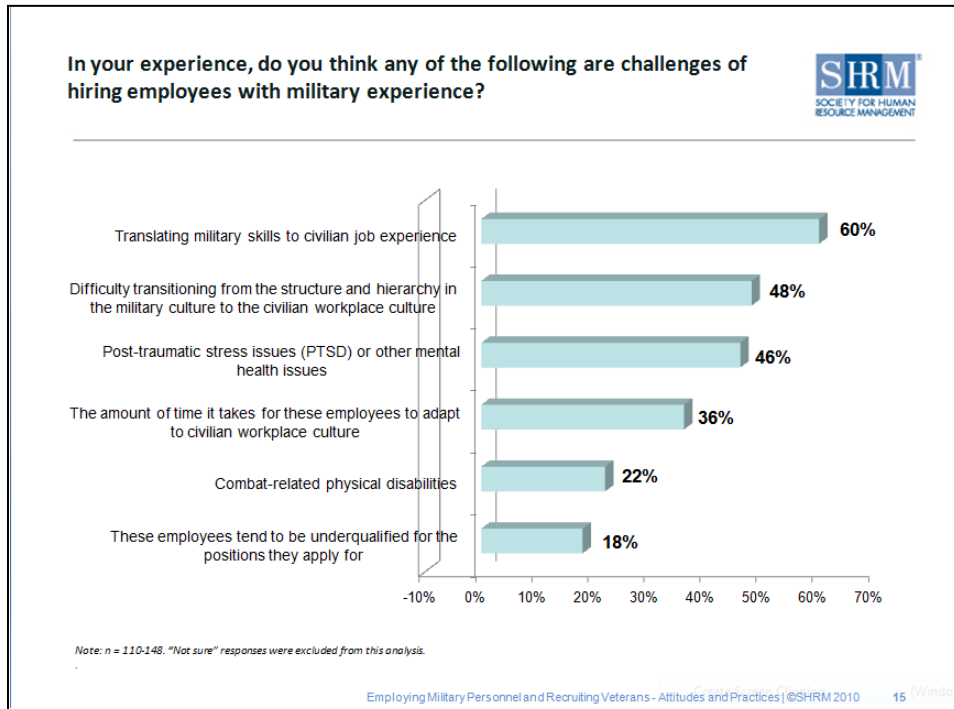
Furthermore, the Society of Human Resource Managers (SHRM) briefing reported some perception problems about veterans that may be affecting their hiring (**Charts 3 and 4**). The belief that mental health problems are so prevalent for all veterans is disturbing and their ability to adapt to the civilian work environment. In other words, these should be considered barriers to employment that need addressing. SHRM also reports the vast majority of HR professionals surveyed are not familiar with two DOL veterans programs—the Local Veterans’ Employment Representatives (LVER) and the Disabled Veterans Outreach Program (DVOP) [We call them VER II and I respectively.]. Finally, online job boards do not get top billing for finding veterans as employees.

In 2008 and 2009 Bureau of Labor Statistic reviews, veterans were more likely than nonveterans to work in production, transportation, and material moving occupations; installation, maintenance, and repair occupations; and protective service occupations (**Chart 5**). Nonveterans were more likely than veterans to work in service occupations, excluding protective service; and in sales and office occupations. The proportion of those in protective services is troublesome as it generally reflects difficulty finding other jobs. Security service jobs are not good ones for most. The same applies for material handling jobs. The lower rate of employment in management and business operations jobs, considering military training, may reflect some employment prejudices. Those with disabilities have about a 10% lower difference in employment than a non-disabled veteran and those with 60% or higher disability (severely injured included) have a 25% lower difference in employment, but interestingly no significant differences have been noted in whether a veteran has combat experience or not in the rate of employment/ unemployment.

Since 2002, the Jobs for Veterans Act has existed and requires that state department of labor programs give priority of access and attention to federally funded programs, to include job placement, to veterans. No one asks in this state the measurable impact this policy has made and where improvements might occur. Veterans are good workers generally, if they are employed they essentially help pay for their own benefits and employment reduces other problems and risks in the population: mental health, domestic violence, addiction, indebtedness. However, the importance of employment has not been a topic of

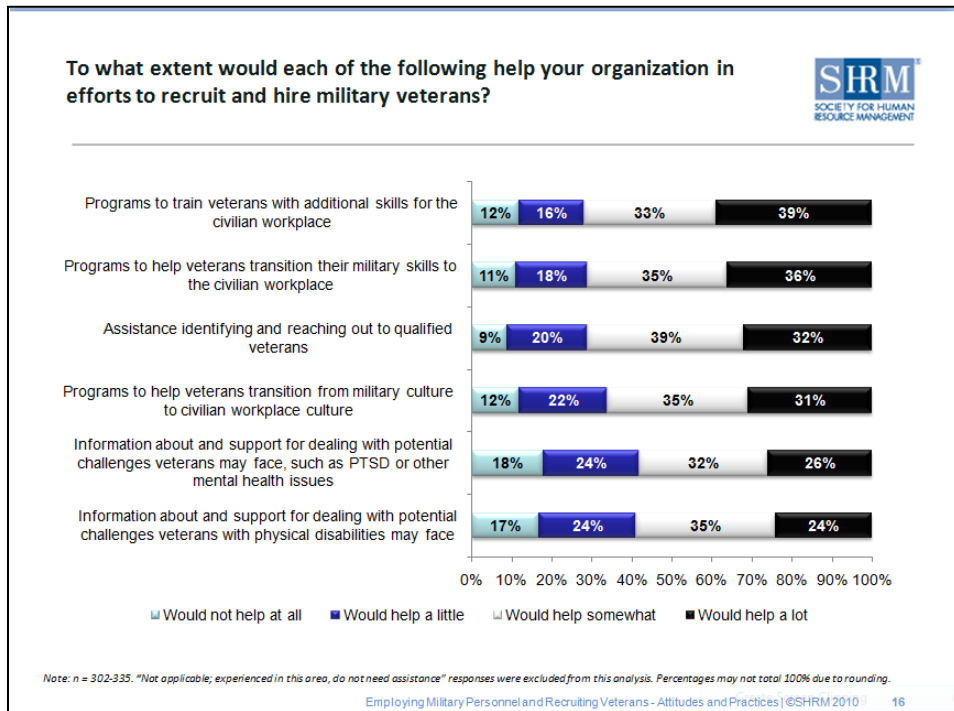
veterans affairs in this state and there are some questions whether it is being tracked carefully and longitudinally.

Chart 3



Source: SHRM, 23 June 2010 Brief

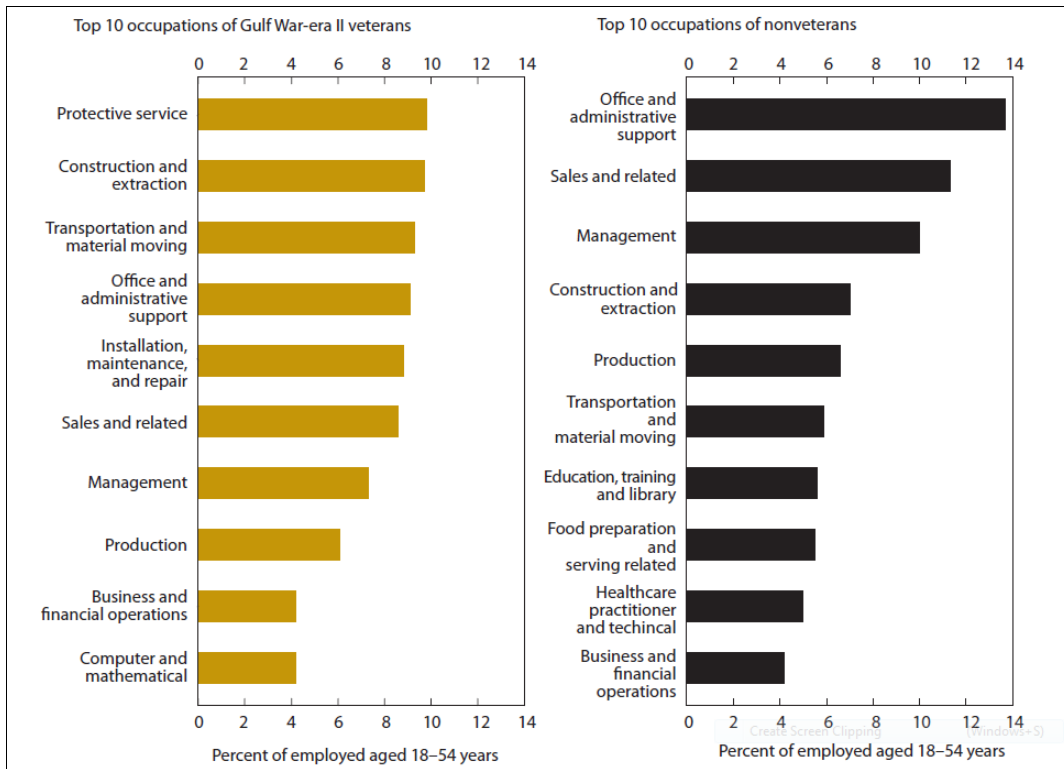
Chart 4



Source: SHRM, 23 June 2010 Brief

While a worthy effort, the nominally effective but touted Employment to the Guard and Reserves (ESGR) program is not the same issue. That is a Department of Defense initiative for the purposes of force maintenance and retention. Veterans affairs should be interested in the transition of the individual into the civilian workforce.

Chart 5



Source: James A. Walker, *Employment characteristics of Gulf War-era II veterans in 2006: a visual essay*, BLS Monthly Labor Review, May 2008

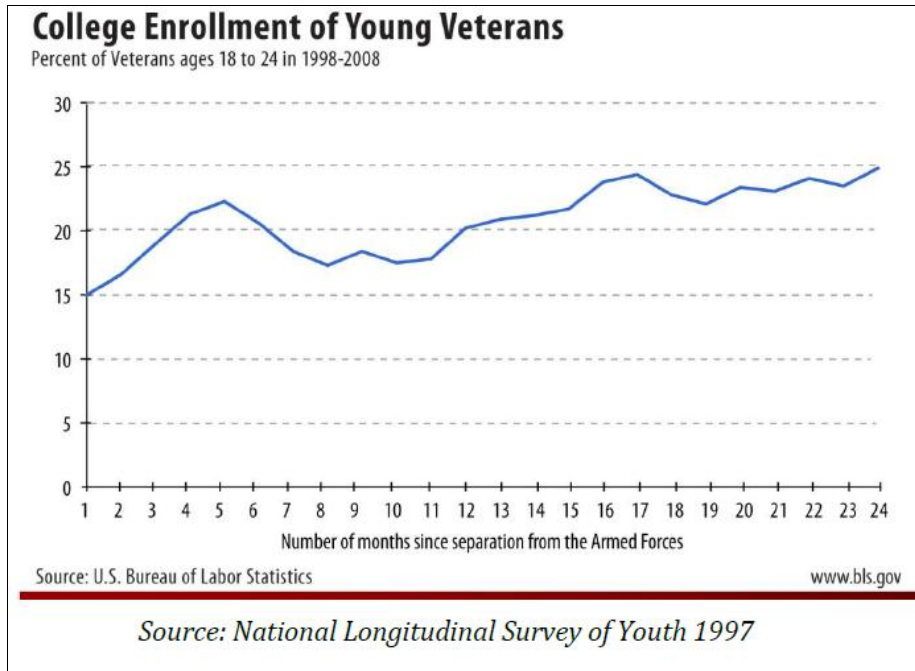
Effective Use of Educational Programs: Like in the post-World War II era, veterans are probably using their educational benefits to harbor themselves until the employment picture improves, in addition to bettering themselves. The new Post 9/11 GI Bill which went into effect on 1 August 2009 and changing this year to make it more useful is a valuable benefit. There are signs it will encourage a new pattern of behavior among younger veterans in a state not noted for the use of its veterans educational benefits (by crude comparison of expenditures between years and among states in succeeding VA GDX reports). According to the Bureau of Labor Statistics, many young veterans enroll in college after leaving the Armed Forces. In the first month after separation from the Armed Forces, 15 percent of young veterans age 18 to 24 are enrolled in college. Two years after separating, nearly a quarter of veterans ages 18 to 24 are enrolled in college (**Chart 6**).

However, a recent report prepared by PA CARES (an informal networking group) in 2008 showed our colleges perhaps ill prepared to receive them in order they get the best education possible (**Chart 7**). Then there is the question of whether or not some of these veterans would be better served if the first enrolled in the VA's vocational rehabilitation and employment program or a state OVR program to first overcome their learning difficulties (due to traumatic brain injury). The colleges rarely counsel that and are generally unfamiliar with the VA except as a payer -- and as a result one can speculate that the current way of doing business has worked against them. Also, if a training facility is certified by the VA first (actually the designated state approval authority, which in this state is found in the Department of Education), there is some assurance it is an above-board operation.

But maybe most importantly, we do not hear of skilled labor program training and OJT training programs against existing employment opportunities being encouraged. College is not for all. Most jobs do not truly

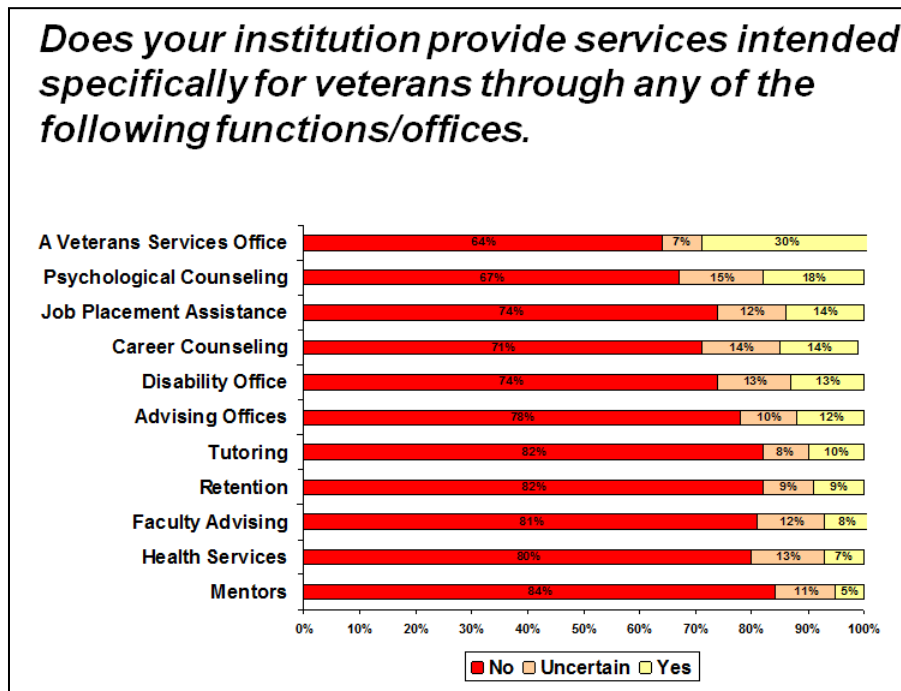
require it and some reeducation of human resource directors using college education as a mere marker of ability is also required. This would force the more important issue: assuring education leads to employment opportunity, not as a mere harboring place during uncertain times and money well for the colleges. The GI Bill was not designed to enlighten the soul (something also worthy), but to retrain and transition the soldier (note the SHRM remarks in the previous charts). There seems very little connectivity between intent and effort and a huge dependence on the invisible hand.

Chart 6



Source: BLS Spotlight on Statistics: Employment Situation of Veterans, 23 May 2010

Chart 7



Source: PA CARES Survey, 2008

5. Finding Basic Issues for Solution

Background: SB 859 of 2009 provides a useful roadmap to address some of the problems in the absence of a state department of veterans affairs.

It implies that effective implementation requires a change of management structure and authorities. It also implies that the headquarters element of the implementing organization should ultimately move to Harrisburg where it can better coordinate its actions with other governmental agencies and bodies on a routine basis. It does not require super-sized staffing to accomplish or a major increase in budgeting (ignoring the return on investment).

Even more fundamentally, it points out a reform of thinking in responsibilities and span of control is required statewide to have an effective veterans affairs system. Presently, that thinking limits the value of the present veterans affairs' state structure to the state veterans homes alone. This is the one area where it has robust command and control. Its original state veterans service officer structure seems to have been designed to support state veterans homes and those retiring from the National Guard and not much else.

Otherwise, the service officer system upon which most veterans depend does not truly require state involvement to exist – in its present form. It is currently a loose and inflexible association of county directors and independent veterans service organizations with no effective state authority over them. Since the state has no true operational authority, it is at their mercy, depending upon varying degrees of individual cooperation. The state cannot even properly track or change “bang for the buck” as a result.

The current advantage is to the counties and veterans service organizations alone – not necessarily to the veterans to be served. The major interest of the veterans organizations is their need for cash to sustain their operations. For the county directors of veterans affairs offices since some employees are not veterans (who would have access to the programs of veterans service organizations), it is initial training and certification as the VA will not recognize the Pennsylvania Association of County Directors as a chartered veterans service organization to accredit service officers.

The other responsibility of the current system lays in the administration of a four state-funded aid programs, a belated war bonus program, and a disabled veteran real estate tax exemption program which affect very few veterans, worthy as these programs may be.

The present veterans affairs scene, considering the stature and authority of the Deputy Adjutant General position, could be as effectively managed by dividing up responsibilities onto the Departments of Public Welfare, Health Services, Education, and Revenue. Yet, there are reasons to have a veterans affairs agency. Because veterans affairs is complex, it is important to have an agency to focus and integrate services.

Determining the Current Issues to Be Addressed: It would be helpful to have a list of topics from which to work. Little has been done in strategic analysis and planning in the Department of Military and Veterans Affairs on veterans affairs and therefore much will be considered controversial if coming from another. Therefore, unless the new Adjutant General is gotten on board, there will be no buy-in from key people in the Assembly conceivably and this is mere exercise.

Appendix 1 which was developed towards a failed SVC effort to study what other states do to get ideas for improvements will allow continuation of the discussion. It proposes veterans affairs focus on three major categories of effort, no matter who has ultimate authority to act: (1) Efforts in the transition and reintegration of the average ex-service person into civilian life; (2) Rehabilitation and recovery efforts for the seriously injured veteran; and (3) Quality of life issues for the maintenance and improvement of life. The topics beneath each give one an idea of the diversity and complexity of veterans affairs and most importantly here, a list from which to select the most critical for legislative action considering the coming trends and *after* consideration of the more fundamental problems.

6. Recommended Specific Issues for Legislative or Executive Action

The following is provided as a “pick and choose” list with those deemed most critical listed first and grouped by their general purpose. *Some of these actions may be capable of being done administratively if directed by executive order or regulation.* Many of the details can be gleaned from SB 859 of 2009.

➤ ***Change Organizational Behavior – critical***

a. A paradigm shift in leadership structure is required. Two alternatives are proposed to get that to happen.

Create a Cabinet Level Advisor to the Governor on veterans affairs: This person should be the present Deputy Adjutant General. The position would have the direct ear of the Governor and not require Adjutant General intervention or review. Individual performance reviews would not be done by the Adjutant General but by the Governor. Announce in writing this change to both state and federal agencies to help empower him.

The Adjutant General and other agencies would provide the necessary manpower and other administrative assets required to accomplish the work required. These personnel, while administratively attached to their agencies, are under the operational control of the Advisor for the tasks assigned and rated accordingly.

Empower the State Veterans Commission as an independent Governing Board: An alternative to the above is to recreate the State Veterans Commission. The Governor or his designee (who would have a direct ear to the Governor) would be its chair and the Deputy Adjutant General for Veterans Affairs would be its Executive Director. The Adjutant General would be directed to release all operational authority to the Commission in the area of veterans affairs, providing instead the administrative staff required to accomplish the mission.

The commission can either be organizationally listed as an independent commission within or without the Department of Military and Veterans Affairs. Such arrangements exist in other states.

The size and composition of the board would be up for discussion as it will govern, setting policy and direction. It would not be composed as it is now but with handpicked individuals by the Governor, probably with the advice and consent of the Senate.

It is a variation on the model used by Texas absent the staff hiring authority. This is a variation on the Texas State Veterans Commission and would allow for future transition if desired. Its disadvantage in comparison with the Texas model is control of hiring and firing below Commission level directly.

b. Require that the Deputy Adjutant General for Veterans Affairs to strategically plan, annually report, and testify.

This position should speak for itself and not through others who have a more military focus and other pressing concerns regarding the National Guard. The Office of Administration should definitely not testify on veterans affairs as has occurred. Veterans otherwise get short shrift and the glad hand of love without action. Veterans affairs is much too sensitive a topic to leave to intermediate level functionaries alone, no matter how good at their job.

The Deputy Adjutant General needs to re-analyze the course set for the Office of Veterans Affairs (OVA) and determine where veterans affairs needs to be. In other words it needs a strategic philosophy, direction, and definable objectives. A five or seven-year long range plan is needed as has been developed in other states. Not only does this make management sense but it helps to establish future budgets. Texas, Florida, Washington and others provide example of the effectiveness of such planning.

The Deputy Adjutant General needs to develop an annual reporting system with measurable results that both helps manage and is also informative to the Governor and Assembly in aiding them in making future decisions.

See also Section 1821 of SB 859 of 2009 for a discussion of performance and accountability reports, survey reports, and strategic planning.

c. Revise the Existing State Veterans Commission to make it more effective.

Section 1816 of SB 859 of 2009 provides some useful ideas to freshen it. Among them:

- Term limits preventing consecutive succession
- Addition of a current war veterans organization to the commission
- Addition of the Secretaries of Labor and Industry and Education
- Addition of senior flag officer from the Reserves appointed by the Department of Defense to the commission
- Elaborating on its power and duties
- Requiring it to have working committees on veterans benefits claim services, veterans health services, educational services, and employment services.
- Funding of working committees

d. Consider splitting the Veterans Affairs and Emergency Preparedness Committees into Veterans Affairs Committees and Military Affairs, Homeland Security and Emergency Preparedness Committees.

More oversight of veterans affairs from the legislature is required and the subject area requires considerable training on the part of the legislature. Veterans Affairs is a complex subject and the Assembly committees need to act as the US Congressional veterans affairs committees do – investigating, questioning in detail assertions, proposing meaningful, timely legislation.

As for the Adjutant General other duties precede those of veterans affairs. The two, the Department of Military and Veterans Affairs and the General Assembly have created a perfect situation where ineptitude can go unremarked and diligence unsupported.

Other agencies and governments and the nonprofits dealing with veterans need to be consulted for input in addition to the mainline veterans service organizations. This rarely happens as time is precious and focus diffused. Good politicians who have a heart for veterans affairs issues fail in such an environment.

➤ ***Improve Internal Operations – vital***

e. Redefine in statute the role of County Directors of Veterans Affairs.

The Pennsylvania Association of County Directors of Veterans Affairs has proposed legislation. Such legislation needs to be seriously considered and probably strengthened. Sections 1810 through 1812 of SB 859 of 2009 address the role relationship required between the Office of Veterans Affairs (OVA) and the Counties when a county director is performing service officer work. The state must be ultimate authority as it is verifying the work to the Department of Veterans Affairs. It needs to be able to control and direct the actions of county directors when working on behalf of the state veterans affairs.

The attitude to be created in County Directors is they are working on the behalf of state government within their respective counties for their service officer duties. The state has the power to withdraw their license (accreditation). Otherwise we should consider replacing them with state service officers for that duty. As the LBFC study suggested, state service officers can be an advantage to veterans as they offer a higher chance of qualified and uniform service and they can be required to maintain their training and

currency like other social workers, which is part of their functional purpose. (Perhaps the counties ought to reimburse the state for service officer work.)

f. Automate veterans affairs claim processing statewide to improve effectiveness, efficiency, and accountability.

The state or counties should be required to automate and be on one uniform electronic information and claims system. Such does not exist currently. We have heard that more than a few counties have not automated. This seems to be an appropriate thing for the state government to ensure through contract and funding. The VA has a new claims transformation plan. We need one of our own. The state needs to have visibility of all claims submitted by the counties to ensure duplicate reporting between the counties and the veterans service organizations does not occur, for example.

At the same time the Department of Veterans Affairs ought to be consulted and pressed to widen its software system directly down to county level. We understand that certain western counties in Pennsylvania are already online in a test program. This needs to occur uniformly to encourage uniformity and efficiency of service no matter where the veteran making the claim resides. It is ridiculous in this day and age that a county director must do by phone with the VA what would be better and more efficiently done by electronic means.

Additionally, any organization under contract to the state to provide veterans services should be required to meet the needs of the Deputy Adjutant General in performing his mission. This would include the Act 66 veterans organizations.

g. Require the Office of Veterans Affairs (OVA) to develop an information management system to communicate with its veterans constituency.

The OVA needs an information management plan. Potential items for such a plan in addition to an internal reporting system and automating claims processing are listed below (See also Sec. 1820 of SB 859 or 2009):

New Website: OVA requires a better website. New York, Washington, Wisconsin, and Texas, to name just a few, have far more effective sites. If outreach is a mission and knowledge of benefits, the office needs to be decoupled from the spare Pennsylvania National Guard site. It is buried within it which in itself is not particularly useful. The current effort is not particularly feature rich or attractive to use, though some of the basics are there.

Virtual Community: The website could potentially be used to create a virtual community of veterans by using chat rooms and forums plus Facebook and Twitter. Social networking is a big feature of the coming generation and we ought to use it to our advantage in serving veterans and connecting them with resources. Since this is a rural state despite some dense urban communities surrounded by suburbia and industrialization, one would have expected the state to have been on the vanguard of this among states.

Telephone Call Center: Add a Telephonic Information and Referral Call Center with a 1-800 number as some states have done. Not all veterans use the internet, young and old alike, and sometimes a voice on the other end saves time and brings the individual or family properly along to where they need to go. The State of Washington had used this idea with success at a more regional level. Such an idea was proposed to the legislature back in May of 1973 (HB 899) and never acted upon.

Electronic Kiosks: Consider adding electronic information kiosks in shopping malls and other places of high foot traffic as the Florida State Department of Veterans Affairs has done.

Publications: Publish information brochures support current efforts. Take a hint from other states on how to serve our veterans with this often useful tool in outreach efforts. Also, harness the publications of the VA and other agencies to our advantage and distribute them where appropriate, physically and electronically.

Electronic Surveys: Use the internet to conduct polling in attempt to find out what veterans view as their most important concerns and to involve them in determining useful policies and programs.

h. Incorporate useful, recordable performance measures into the Act 66 program to evaluate effectiveness and to ensure accountability.

Act 66 is a prime example of legislative good intent without (1) understanding the responsibility of the state to provide assistance to veterans for claims and benefits and (2) the necessary means of accessing the results and level of performance. The legislative intent included outreach and more presence in an area. The focus has been claims. Neither has been properly and accurately reported upon or the results audited. Time is still being spent on getting administrative procedures and reporting in place whereas that should have been locked in by law and regulation with no doubt who can direct what. *Indeed, any veterans legislation assigned in the future should have the requirement for performance measures and specify key ones, when services or funding are involved and reporting (as required).* Performance measures and the collection of supporting data are standard management tools and many states and the VA go to great lengths in being able to assess performance. We do not. Attached is an example of a New York form used by grant recipients (Appendix 2). As basic as it is, we have nothing like it. The State of Washington initially had problems with its veterans organizations until it drove meeting performance standards. We should learn from them. Some of the criteria are discussed in SB 859 of 2009.

i. Investigate and implement self-financing aspects of Veterans Affairs

Foundations and Trusts: Select other states like Wisconsin often establish trusts for particular projects. We have done this for memorials.

The Guard has its Military Family Relief and Assistance Program (available to other reservists). It is supported by contributions, primarily income tax contributions, and has collected nearly \$1 million dollars since its inception in 2006. It proves on a small scale its potential.

Veterans love to buy special license plates and the state issues them, but none of the sales revenue goes to veterans affairs. Other states have used license plates to help fund their veterans affairs.

Texas funds its Veterans Assistance Fund through a special state lottery ticket called “Veterans Cash”, its state employee charitable campaign, and general donations.

Home Mortgage, Homelessness, PTSD programs, Emergency Assistance and Loans, support to other nonprofits could all benefit from the establishment of Trusts or a Foundation for veterans programs. Even the establishment of a more general fund with designated uses would work.

Grant Writing: The State of Washington veterans affairs department has a grant writer on its staff and this allows it to tap into federal and other funds and also federal test pilot programs.

j. Review the Emergency Assistance Fund for modification to make it more useful.

The fund seems under-utilized considering the economic situation and has been repeatedly and easily sacrificed by the Adjutant General during the budget cuts. One must wonder if there is a policy or information problem concerning this program and its usage. As the proceeding issue might suggest, there are other potential uses for the excess money

The Texas Veterans Commission Fund for Veterans Assistance provides for these uses:

- Limited emergency financial assistance
- Transportation services
- Counseling for Post-Traumatic Stress Disorder and Traumatic Brain Injury
- Employment, training, education, and job placement assistance
- Housing assistance for homeless veterans
- Family and child services
- Legal services, excluding criminal defense
- Development of professional services networks
- Enhancement of veterans' assistance programs, including veterans' representation and counseling

Alternate funding sources could also be explored to include grants, lotteries, income tax contributions, special license plates donations.

k. Create an Office of Recovery Coordination within the Office of Veterans Affairs (OVA) for the use of our most seriously injured veterans.

One cannot depend on the VA alone to attend to their needs and to ensure their long-term needs will be attended to. They need a voice in addition to those of their loved ones. Negotiating the system, state and federal, is complex for a seriously injured veteran or the Army would not have created its own Army Wounded Warrior Project (AW2). The US Marine Corps has done similar things. The number of agencies, businesses, and nonprofits willing and unwilling to help – under contract or not – is mind boggling.

Advice is often needed, daunting paperwork to be filled out, transportation to be arranged (sometimes outside of the state), appropriate housing and local care to be found. For the veteran who has been finally discharged and his family the same truth holds. When it comes to veterans, the state should always view itself as the retailer and assurer of service when it comes to state and federal agencies. It takes a special type of person to perform this job and the standards for hiring must be high, but the need for our own state watchdogs and bureaucracy tramper (a couple for a test project) might really make a difference in lives.

Section 1815 in SB 859 of 2009 discusses this in more detail.

➤ ***Add Value and Meaning to Veterans Affairs – important***

l. Direct mental health efforts to assist returning veterans. A statewide plan of attack is needed.

The Situation: The VA has been both an incredible success story and an incredible failure in this endeavor. While it is a foremost expert in this area, in our state it fails continually to outreach beyond thirty miles of their hospitals or vet centers. Many veterans will not use them and those still in reserve units continue to fear the stigma associated (despite the military's best efforts otherwise) and the false assumption (and hard disprove to them) contention that the VA does not report back to their military commanders. Then there is the unreported concern of veterans with their own civilian employers knowing. In all fairness to the VA it is a passive-reactive hospital system and was designed to be one. In addition, the VA (as the Department of Defense does) needs to use other resources other than its own. It is overwhelmed and never will meet the demands of veterans distant from major VA concentrations of labor (hospitals and clinics). In our state we have come to depend on them too much.

A more active approach is required to prevent the suicides that have been occurring and other associated problems. The first step is to get the veteran to recognize he needs help and to get him that help. Once that occurs, the perceptions of the VA and other barriers can be sorted out to ensure his or her long term treatment. State outreach to our returning veterans is the first step to prevent suicides.

New Jersey Model: A mental health hotline like New Jersey's Vet2Vet would be a start. New Jersey provides its veterans suffering from psychological or emotional distress or re-assimilation problems with peer counseling, clinical assessment, and assistance using this system. It helps both the veteran and family members; and also provides free and confidential face-to-face services from mental health professionals specializing in PTSD and other veterans issues. It is run by the University of Medicine and Dentistry, New Jersey.

Washington Model: The State of Washington has gone so far as to contract PTSD counseling centers. If we cannot get the VA to assign more VA Vet Centers, an extremely valuable resource in this topic of concern, and perhaps relocate some of the existing ones in this state to serve more under-served areas where VA hospitals are not close by, this should be a serious option for consideration – and a wise investment. It could be considered a second part of a Vet2Vet phone service above which has a consultant referring on those requiring counseling services.

Their Post Traumatic Stress Disorder (PTSD) Program attempts to create community-based avenues to counseling service, offering the highest level of confidentiality possible, using licensed health professionals. The program also addresses the secondary trauma and other problems both children and other family members frequently face. The following is quoted from a state of Washington's write-up:

The Post Traumatic Stress Disorder (PTSD) Program attempts to create community-based avenues to counseling service that are less formal in nature, offering the highest level of confidentiality possible. Services provided throughout the program include individual, couples, family, and veteran group counseling. Some contractors offer group services to women veterans and spouses of veterans. Veterans may be referred to specialized inpatient or outpatient treatment offered by the U.S. Department of Veterans Affairs Medical Centers or Vet Centers within Washington State...

Additional counseling and consulting resources are being used to educate teachers and school counselors of the potential needs of school aged children of war exposed parents. Secondary and/or transgenerational trauma reactions in children can affect their ability to attend and learn successfully. We know that a child's social behavior, emotional development, and the skills a child needs to be successful in the wider world, may be affected by the presence of untreated PTSD in the family. Early identification and referral of children and families who are demonstrating specific reactions are a significant priority of the PTSD Program.

The PTSD Program provides in-service training and consultation to college and university counseling and other professional staff, and faculty members. This special program is designed to address the needs of war exposed veterans who have returned to school after discharge from the military, and who seek assistance at student counseling centers on campus. Along with expert help with counseling methods, military and veteran cultural awareness training, providers are given instruction in how to use the sometimes complex services network available to war veterans and their family members...

War Within Database: Work with WarWithin.org, a Citizen Soldier Support Program (CSSP), UNC-Chapel Hill, a federal grant activity. It is developing an internet accessible database which enables veterans and family members to find local, licensed, civilian health providers who understand the challenges of deployment-related issues such as post-traumatic stress disorder, traumatic brain injury, depression, substance use disorder and suicide. Because the reservist switches back and forth between insurances during the deployment cycle, the site allows the user to search for providers who accept patients with different types of insurance, or no insurance at all. It is a refinement over what would appear on the TRICARE site. The major benefit here is that this research matches counselors attuned and trained to cope with veterans.

County Mental Health: Counties have assets also under DPW programs and separate state funding. The possibility of their use in a concerted way ought to be explored. It would allow us tie in with the other nonprofits that work in this area of endeavor for specialized treatments.

SOFAR Chapters: Work with SOFAR (Strategic Outreach for Families of All Reservists), a 501(c)(3) nonprofit from the Psychoanalytic Couple and Family Institute of New England (PCFINE) to develop PA Chapters but with the intention of extending this concept to the general veterans population regardless of status. Family support groups are generally lacking and it is important to care for them and to maintain the family unit. It is a pro bono, mental health project that provides free psychological support, psychotherapy, psycho-education and prevention services to extended family of reserve and National Guard deployed during the Global War on Terrorism from time of alert through the period of reunion and reintegration. Its importance is it places a particular importance on the family and the needs of children, who are often ill-equipped to understand and cope with the temporary absence of a parent. SOFAR volunteer clinicians are available to provide individual and family therapy and lead support groups targeted for families, mothers and parents while maintaining strict confidentiality. This is a “one-off” on the Washington model using a nonprofit but aimed primarily on the family alone.

NAMI Partnership: Another potential group to work with is National Alliance on Mental Illness. They already have chapters throughout the state and offer a wide variety of free educational and support groups including recovery support groups, family support groups, and peer-to-peer and family-to-family educational programs which use trained mentors which meet in different locations in the valley. It has familiarity with PTSD, and regardless there may be a group or program that matches the needs as PTSD has parallels with other mental illnesses or brain disorders.

Other Potential Nonprofit Partners: Others to consider working with more closely and possibly helping to fund are Give an Hour and Soldiers Heart.

Department of Veterans Affairs Efforts: In all of this the VA should be pushed to use community partners who meet their standards of care and reimburse them appropriately. It needs to step beyond its Homelessness Grant and Per Diem program to accomplish this because mental health problems do not necessarily mean the veteran is homeless but this is the only organized program where the VA is routinely willing to work with and fund community partners – and then only if itself provides the healthcare

Final Comments: Dealing with the VA is one example of why we need an empowered advocate on veterans’ behalf, incidentally. They are an able partner when challenged. What is being proposed is new territory, because the old ways fall short. Not every veteran is in a Yellow Ribbon program or is he near a VA facility operating at hours and schedules in locations not particularly convenient for working veterans. Give an Hour and Soldiers Project would not be appearing on the scene if otherwise. As previously mentioned the young combat soldier discharged from an Active Duty line unit and returning to Pennsylvania is not thought about by the VA and the Veterans Health Administration does not make the slightest effort to outreach to him unless he already forwarded his claims package under the Benefits Delivery at Discharge Program (in which he might not have identified his mental health issues in the first place) or he has been identified as seriously injured (an even then handoff coordination between the military and the VA continues to be shaky) – at least in Pennsylvania.

m. Direct the creation of veterans diversion specialty courts throughout the state.

Pennsylvania should become the first state to bring statewide order to this idea for ensure fairness to all. It should not necessitate special grants to accomplish and if funding is required it can be sought. The incremental cost of such courts compared to the cost of incarceration makes this a very high return on investment. A state veterans affairs agency should lead this project.

Many service members are already returning home from overseas duty and given the risk for justice system involvement posed by untreated post traumatic stress disorder (PTSD) and trauma-related disorders, SAMHSA launched the Jail Diversion and Trauma Recovery (JDTR) initiative for veterans in 2008. In 2010 the state’s Office of Mental Health and Substance Abuse Services (OMHSAS) obtained a grant and the effort took off without talking to state veterans affairs and instead the effort seems more or

less encouraged and directed from state supreme court for some reason (not implying wrongly). It is about to or has spread to about three other counties in addition to Philadelphia and Allegheny.

However, there is no uniformity to the program or a state strategic plan to accomplish it. The matter is left to individual counties on how and what they will handle and there is a certain amount of whimsy to this idea nationally. In essence one cannot say it is a state initiative despite SAMHSA's reporting. It is instead a worthwhile and smart effort by super-advocates who understand its potential.

There is however a certain lack of fairness and un-timeliness in that approach as the veterans are already returning, as mentioned, and the veteran must happen to reside in one of those counties implementing a diversion court to benefit. Furthermore, the program requires the involvement of the judiciary, district attorney, public defenders, probation, VA, mentors, and others. Many are "fiefdom" organizations that need bringing together and no one person should be the final arbiter of whether or not to have a veterans diversion court, as is occurring.

The question is why cannot the state direct or legislate that every county have a specialty court (many already have drug and mental health treatment courts) as a matter of fairness to and concern for our veterans.

n. Get veterans affairs into the homelessness issue.

The VA has launched a campaign to end homelessness for veterans and recently has declared it will endeavor to prevent family homelessness. State government ought be involved and develop a supporting plan of attack and not sit by. There are indications that veterans homelessness is again on the rise and at a younger age.

States like Washington (Building 9 for Veterans) and New Jersey (Veterans Haven) show us one way. Currently the state does not operate a homelessness shelter or have a homeless veterans plan. Mention has been made of using state veterans homes in an effort to combat homelessness. Whether that is wise or not requires analysis.

It does not help fund the efforts of others working the veterans homelessness issue like the Multiservice and Education Center and Impact Services, Inc., both in Philadelphia, Western Leadership Conference in Pittsburgh, YWCA Harrisburg, Victory House in Bethlehem, Veterans Sanctuary in Allentown, the American Legion homes in Pennsylvania, and others all involved in the issue of veterans homelessness.

The state is seemingly antithetical to the idea of it. It has not sought or helped others seek federal DOL Homeless Veterans Recovery Funds (for programs and stand downs) or VA Homelessness Grant and Per Diem Funds as a state as some others have done. When the DLI closed the Governors Veterans Outreach and Assistance Centers, it also withdrew longstanding funding to at the same time to at least the Multiservice Center in Philadelphia to our homeless veterans detriment. Ironically, it was federal and not state money that was used. Not a word was said to veterans organizations and the since OVA is not involved in homelessness, the issue was not raised at the SVC.

o. Create a veterans home loan program.

Background: There are a number of reasons for wanting to encourage veterans and their families to own a home or not to lose one. The economic climate and gradually increasing interest rates raise concern. And this would be a worthy adjunct program to overcoming homelessness.

Examples for legislation abound. The states of Alaska, California, Mississippi, New Jersey, New York, Oregon, Texas, Washington, Wisconsin, and Illinois all have mortgage or home loan programs to assist their veterans. New Jersey also has a reverse mortgage program. Note these are programmed loan programs and not grants.

The VA does not provide home loans. It provides home loan guarantees instead which eliminate the requirement for the initial down payment (typically 10 to 20% of the loan). Otherwise, the individual obtains a home mortgage or loan like anyone else, to include paying closing costs. Furthermore, unless the veteran has a disability, there is a funding cost paid to the VA. Below are a few examples of what other states have done for their veterans.

The Wisconsin Model: Wisconsin offers a state veterans home loan program, entitled the Primary Mortgage Loan (PML). The state veterans home loan on a principle residence may be used for: 1) Purchase or purchase and improvement of a single family home or condominium; 2) Construction of a new single family home; or 3) Purchase of certain existing 2 to 4-unit owner occupied residence. It finances 95% of the purchase price or cost to construct and has these features:

- 30-year Fixed Rate for a lower monthly principal and interest payments that will never increase
- Low down payment
- Low closing costs, no points
- No prepayment penalty
- WDVA pays the loan origination fees of veterans with $\geq 30\%$ SC disability
- No private mortgage insurance (PMI).

It also has a separate program for home improvement loans (and personal loans). The Mortgage Program and other programs are funded through a Trust.

The Texas Model: Texas has both a primary home loan program and features:

- A low interest rate
- Up to \$325,000 for home purchase
- Fixed rate loans of 15, 20, 25 or 30 years
- Uses a pre-certified lenders
- A rate reduction for disabled veterans and surviving spouses

It also has a home improvement loan program and the only land purchase loan program in the country.

The Washington Model: Washington has House Key Veterans, a down payment assistance and second mortgage loan program with a 3.00% interest rate and a ten-year loan term.

The New York Model: New York has the Homes for Veteran Program which offers fixed-rate mortgages with interest rates 0.5% below the already low interest rates charged on SONYMA mortgages with closing cost assistance. The program features:

- Veterans, and their spouses or co-borrowers, need not be a first-time homebuyer.
- Closing cost assistance up to the greater of \$3,000 or 3% of the requested loan amount.
- No points or origination fees.
- Minimum borrower cash contribution only 1% (the remaining 2% can come from a gift or other acceptable source).

p. Direct a veterans-first school-to-employment initiative.

This is new territory as no other state has something of this nature which integrates schooling with employment.

An Integrator is Needed: This is an area where someone in charge of veterans affairs is needed to help integrate the efforts of the Departments of Education and Labor and Employment in improving a veteran's chances of transitioning successfully into civilian life. It is not a question of departments not doing their assigned jobs, but striving for excellence. A few states assign SAA and Employment responsibilities to veterans affairs. It does not mean the usual departments are done away with, but that there is a concerted, interested effort on behalf of veterans as that is the focus of veterans affairs: veterans. Whether this should occur in Pennsylvania is a matter for debate. It is a complex topic requiring some

research on how best to accomplish the end objective: job placement of veterans. It will always require interagency cooperation and planning.

The Veterans Job Act: Implementation of the Jobs for Veterans Act of 2002, which gives priority to veterans for training and placement programs, should be assessed on its progress. The Texas plan is an example of what can be done. In addition, the Department of Education is not addressed in this act but it has an effect on job placement ultimately because colleges have their own job placement services.

Tie training to employment: We are talking more than resume and job-seeking skills here. Somehow training and job market need to be tied a little better. Many complete schooling these days without employment on the far end and are in debt. There might be a disconnect between the DLI VER program and the younger veteran in school. It is more oriented to the older veteran. Perhaps this is just perception. There is no marketing occurring.

Consider Redeploying VERs: CareerLinks are generally perceived as blue collar or low paying white collar job placement services. They are still seeing primarily older veterans caught working for collapsing businesses. Most white collar professionals do not to use them. Meanwhile colleges and schools have their own job placement services.

Perhaps VER's need to relocate to serve a younger clientele (and older clientele going back for schooling) and these are generally found in colleges and trade schools. Employment placement service in these days probably needs to occur while the individual is in school, since excessive lead times are now required. Perhaps collaborative partnerships engineered with colleges might advantage our younger veterans. The philosophy would be one of finding the business and not the business finding you.

In some locations VER's get caught up in assisting the DLI side of a CareerLink due to manpower shortages or absences. Movement and separation of a program specifically funded to serve only veterans with the money provided might be a good idea to allow them to concentrate on their job. Indeed VER's probably should be moving around to balance workloads. Not all areas of the state have the same requirements.

More Specialized Individual Case Management: There are some questions if VER's should be using an Individual Placement and Support (IPS) model used generally for individuals with problems. One advantage of such of a model is that it forces the case worker to educate employers prior to interviews to address some of the SHRM issues mentioned Section 4. Developing of relations with businesses that provide good wages is another area that seems to be flagging. Special efforts need to be made for veterans.

Use Helmets to Hardhats as a Partner: Not every veteran seeks schooling. Most don't and most need to place bread on the table soon. The trades offer useful apprenticeship programs. The state has also ceased supporting a Pennsylvania Helmets to Hardhats coordinator for some reason. The cost was relatively low. This Department of Defense CMRAVE program offers quality construction (and related) careers. It needs to sign a proclamation, for some reason, to enable a direct entry program which allows all union JATCs and locals (at their discretion) to accept current and former military candidates and provide credit for military training and experience. Thus far, a total of twenty-one direct entry/support proclamations have been signed by various state political leaders from Indiana, Ohio, Connecticut, West Virginia, Illinois, Washington, Nebraska, Rhode Island, Iowa, New Hampshire, Vermont, Virginia, Missouri, Kentucky, Tennessee, Massachusetts, Delaware, Hawaii, Wisconsin, New Jersey, and California. Helmets to Hardhats should be more than a poster on a wall of some VER office.

Veterans Advisors in every state and federally-funded training facility: An effort to ensure every state and federally funded training institute and college/university has a veterans assistance counselor would be another worthy initiative (see PACARES Chart above regarding Education). Some veterans

need OVR or VA VRE enrollment before attending college. There needs to be someone on the lookout for the welfare of veterans.

Academic Credit for Military Experience: The state should ensure schools are giving veterans academic credit for their skills. The military spends inordinate amounts of money to train its service members and trains them well. It is on par or above civilian training. It would reduce costs to the individual and the government if we ensure academic or veterans advisors are properly accounting for a veteran's training. If the Army and Navy are capable online credentialing reviews, then the state colleges should also be capable of it.

Special Scholarships and Tuition Waivers for Veterans: The new GI Bill has diminished the requirement, but other states provide funding to veterans for schooling, sometimes cost-free if using public institutions. The greatest value here might be in the retraining of veterans who have lost their jobs and are past the time deadline for the use of the GI Bill. As example Wisconsin, New Jersey, New York, and Washington all have programs that reduce or fully pay for the cost of education. The Pennsylvania has a state grant program based upon financial need. It should be reviewed for adequacy as it stipulates one must have a minimum-time-in-school requirement and no previous degree has been achieved. Retraining sometimes requires new degrees and may sometimes require less time.

Enable Veterans' Ability to Take Advantage of In-state Tuition Rates: Currently, veterans must reside in this state for one year to qualify for the in-state tuition rate, even though they are paying taxes and can vote within thirty days. It drives up the cost of education.

q. Pass legislation to require a second study of veterans homes requirements in the state or make the decision now.

One excuse for not acting on the study previously mentioned in Section 3 has been the US Census of 2010 had not been completed and demographics may have changed. Additionally, the Pennsylvania War Veterans Council, in a bow to economic times, took the state veterans homes issue off its list of legislative priorities despite counsel to contrary by some that even if approved it would take years to realize, economic climate or not.

Long range planning for state homes is required regardless. It is a time for decisions to ensure we are not behind the power curve, to include the exploration of viable alternatives when we can assure ourselves the appropriate level of care (as opposed to warehousing of the grey population) occurs. Pennsylvania has never had a strategic plan for the long-term care of needing veterans.

A review is needed. Among the issues:

- Management of state veterans homes by the Department of Health as in New York
- The need for state veterans homes other parts of the state
- Using state homes as a base of operations for the new "aging in place" trend
- Possible early use of current war veterans with severe injuries, to include independent living facilities
- Using the facilities for acute rehabilitation as has been done in New York

7. Final Thoughts

Considering what needs to be done, it is seriously recommended that the creation of a cabinet-level state department of veterans affairs be the ultimate goal. It can be had at a nominal cost and would be supported by the majority of veterans in this state, if the state government can divorce what it thinks good for its National Guard versus its veterans. The Guard needs to concentrate on war fighting, homeland security, and emergency preparedness. Veterans need a true advocate with the ear of the governor whose job depends on how well he serves them and empowered with an agency at his disposal to carry out his wishes. SB 859 of 2009 provides the roadmap. It should be introduced again for consideration.

The state of the economy has been used for the last six years as an excuse to do little in changing our ways, when it could be used as the scimitar to impel change and put veterans affairs on a return for investment footing. In that time New Mexico, Ohio, and West Virginia have all established independent state departments of veterans affairs with cabinet level secretaries using existing funding allocations. Twenty-nine states now have state departments of veterans affairs and five others have theirs under independent commissions – only ten now place theirs under a public safety department, which the Department of Military and Veterans Affairs was meant to be (and should be). West Virginia's came on line this March in straitened times (Ohio's in 2008).

And it is astonishing the veterans affairs community does not receive the same attention and will from the government as the drug and alcohol community has with the creation of a Department of Alcohol and Drug Programs last legislative session, for very much of the same reasons and without the requirement of a Legislative Budget and Finance Study (ultimately ignored).

Richard J. Hudzinski
Charles L. Jackson
Veterans Affairs Committee

Appendices

- 1 – Categories and Topics for Veterans Affairs
- 2 – Example of Data Collection Form for Outreach Assessment

Appendix 1 (Categories and Topics for Veterans Affairs)

Transition and Reintegration Benefits ... to return to civilian life

- Benefits Assistance Programs
 - Counseling Services
 - Referral Services
 - Claims Services
- Education-to-Employment and Employment Programs
 - Educational Programs
 - Educational Scholarship Grants
 - Educational Counseling
 - OJT and Internship
 - Small Business Training
 - Employment Programs
 - Employment Counseling
 - Employment Placement
 - Licensing
 - Trades Programs
 - Veterans Preference – Business
 - Veterans Preference – Individual
- Financial Management Programs
- Grant Programs (not Scholarship)
- Housing Assistance Programs
- Legal Services
- Loan Programs
 - Educational
 - Housing (Mortgage Lending)
 - Farming and Rural
 - Business
 - General Loans
- Transitional Routine Healthcare Programs
- War Bonus Programs
- Other Programs not listed but related to transition

Rehabilitation and Recovery Benefits ... for the seriously injured only

- Addiction Treatment Programs
 - Detoxification
 - Inpatient Services
 - Outpatient Services
 - Dual Diagnosis Treatment
- Healthcare Coordination Services
- Homelessness Programs
 - Transitional Shelter
 - Housing
 - Job Training
 - Legal Services
 - Transportation Support
 - Other
- Judicial Programs
 - Diversion Courts
 - Incarcerated Reentry Programs
- Legal Services for the Seriously Injured Only
- Mental Health Programs
- Military Sexual Trauma Treatment

Physical Rehabilitation Programs
Blinded
Hearing
Physical Therapy
Polytrauma
Traumatic Brain Injury
Transportation Support
Other programs not listed above

Quality of Life ... for maintenance or improvement of life

Cemetery and Burial Programs
Disability Compensation Programs
Educational Programs
Emergency Assistance Programs
Employment Programs
 Job Retraining
 Job Placement
Fiduciary Assistance Programs
Healthcare Programs
 Preventive Care
 Special Adaptations
 Home Adaptations
 Vehicle Adaptations
 Prosthetics
 Dental
 Hearing
 Limbs
 Visual
 Special Programs
 Women's Programs
 Long Term Care – Institutional
 Long Term Care – Non-Institutional
 Transportation Support
Legal Services – Non-fiduciary
License and Pass Programs (Gratis or Reduced Fee)
 Recreational
 Vehicle
 Park and Museum
Pension Programs
 Pension or Annuity
 Civil Service Retirement Credits
Survivor Assistance Programs
Tax Relief Programs
 Property
 Income
Transportation Programs
Other Programs not listed above



Monthly Report of Contacts and Services

Veteran Service Agency:		Month/Year of Report	
Contact Information:		Submitted By:	

Number Of Clients Served By Agency			New Benefit Applications Filed By POA	
Period of Service			NYS/DVA	
	Veteran	Dependent/Advocate/Other	Other	
WWII			Total Applications Filed	
Korea				
Vietnam				
Persian Gulf				
Afghanistan				
Other				

Has Local Veterans Service Agency Received Local Assistance Aid For Current Fiscal Year?			
Yes	Amount		Date
No			

Numerical 'Capture' Of Client's Requests					
Federal Benefits		State Benefits		Local Benefits	
Disability Compensation		Gold Star Parent Annuity		Property Tax	
Pension		Blind Annuity		Other	
Healthcare		Supplemental Burial			
Education		Education			
Insurance		Home Loan			
Home Loan		Park Passes			
Burial		Hunting/Fishing License			
Medals		Employment			
Military Records		State Vets Home			
Other		Medals			
		Other			

Comments

Instructions for completion and submission of the Report: The VSA shall complete this report at the end of each month. The report shall be transmitted via email (DVARReports@veterans.state.ny.us) or by fax: 518-473-0379 to the NYS Division of Veterans' Affairs by the 10th of the following month.