Discussion worksheet – Part II Continuation of discussion worksheet considered by commission on 10/28/15
Findings, recommendations, discussion points are not final but represent commission discussion to date (November 4, 2015)

✓	Point of consideration, potential finding	Comment – additional points	Possible recommendation
✓ 10/28	**Demographics, Data and Statistics** 1. Statistics and data regarding veterans is inconsistent among agencies who provide services and administer benefits to veterans in Maine 2. Veteran data are often exclusive of military retirees. 3. Data regarding the number of veterans experiencing homelessness varies among various agencies and non-governmental providers.	**Finding:** Data on veterans is inconsistent among agencies and entities who should have accurate numbers as a foundation of their work. Accurate and inclusive data regarding veterans is critical with regard to funding, determining need for services, allocating resources, applying for grants. This information will not only serve state agencies and community providers but may also benefit VA. **Finding:** Veterans often do not self-identify and are thus not included in veteran population count. (unless they meet the definition of veteran, MEANG members are not tracked by DVEM/BVS after completion of service)	Require coordination among agencies or designate a single agency as the data source regarding the number of veterans in Maine. In addition to veterans maintain a count of military retirees and consider tracking (non-veteran) Guard members who completed service. Funded and coordinated outreach efforts will improve accuracy of veteran population count (see findings and recommendations regarding outreach and marketing generally) Alaska BVS utilizes a new tracking system/ follow-up on its success would be helpful to see if it would work in ME.
	Homelessness 1. Veterans experiencing homelessness is a significant problem in the state and the state does not have a specific program or dedicated staff to address this issue	**Discussion tabled until after presentations on 11/4	Fund a dedicated position within BVS for connecting veterans in need with permanent housing

	2. According to the VA – The number of veterans receiving service from homeless shelters was 438 in January of 2015 (does not include privately funded shelters) 3. The state has been granted 168 VASH vouchers** (**new:** MSHA reports 90 granted from HUD this year – increase from 54 last year) 4. Grants and funds are available and disbursed among various providers, agencies and communities but the effectiveness of the services they fund is unclear. Coordination to maximize multiple grants does not seem to be happening 5. **NEW:** Definition of homelessness and functional zero may not appropriately characterize homelessness among veterans and how efforts to address the problem are measured as successful **new:** Look at state-level requirements with regard to housing services and homelessness programs mandated at state-level (staff has some follow-up information)		
	Identifying veterans/outreach and marketing 1. There are thousands of veterans in the state who are not receiving benefits and services to which they are entitled because they are not enrolled in the VA system or BVS does not have the information to contact them. 2. It is estimated that 76,500 veterans in Maine are NOT enrolled in VA health benefit. 3. BVS does not currently have the capability to identify veterans in Maine that came from another state (Maine not listed as home state on DD214, not enrolled in VA, or information not communicated via VA) 4. Outreach and marketing are critical to ensuring that veterans receive the benefits and services they have earned. 5. Funding for outreach and "marketing" is insufficient. 6. BVS strives to send staff to veterans events state-wide in an effort to be connected, coordinated and visible to the veteran community	**Discussion point/finding: NEW** The absence of marketing and outreach at BVS and VA level creates a "double gap." BVS will benefit from marketing and outreach efforts – the VA will also realize benefits from work at state-level. Implementation does not always match intentions of policies and requirements at federal level .	Amend statutory duties of BVS to include marketing and outreach – including the specific purposes and objectives to be targeted by marketing and outreach efforts. Dedicate funding for outreach systems and staff Identify a marketing and outreach campaign strategy and determine it's potential costs. Establish benchmarks prior to implementation of

	7. **NEW** The recently filled position will address an important function with BVS. However, the need for outreach and marketing will continue beyond the term of a temporary 2-year contract-coordinator position. 8. **NEW** Maine cannot rely on the VA to conduct outreach and marketing efforts to connect veterans with benefits and services. There efforts could be complementary but we have no control over them and as a state agency, reach our own state veterans. 9. **NEW** Efforts to designate the TAG office as the single point of contact when military members are discharged have not been successful. 10. **NEW** Outreach efforts should target family members and loved ones of veterans who are often responsible for getting the veteran connected with services and overcome the common roadblock of the veteran her/himself being reluctant to ask for help.		marketing and outreach efforts to demonstrate outcomes and justify continued funding. Establishment of a single point of contact for transitioning veterans (and veterans generally) should be well publicized using targeted modern communication technology
	BVS operations 1. The lack of appropriate case-management technology results in inefficiency, poor customer service, and unnecessary frustration for service officers and veterans needing assistance. It is crippling to the bureau to be without this effective and valuable tool. 2. A case management platform is critical to the operation of the Bureau of Veterans Services and the important work of its veterans service officers 3. **NEW** State should evaluate number and distribution of BVS VSOs to determine if we are meeting the need and locating services in the most efficient way 4. **NEW** Rental costs associated with VA co-location are fair and the arrangement works well for serving veterans. However, there is no guarantee they will agree to continue. 5. **NEW** Rent costs at state facilities (VSO regional offices) are exorbitant and existing locations are not always where veterans are going.	**Finding:** **NEW** The lack of a case management platform for BVS is a significant barrier to meeting the bureau's objectives and performing its duties. ➢ VSOs would have access to the same case file electronically. ➢ VSOs will spend less time traveling to get information manually from paper files and more time serving veterans ➢ Having complete information on a veteran in a single, electronic file will enhance customer	Fund and support an effective case management platform. Encourage continued partnership with VA – locating BVS VSOs at CBOCs.

	6. NEW Although turnover among VSOs is comparable to the regular workforce, people in these positions are "listeners" as a function of the job and often serve as counselor, lawyer and medical advisor beyond their job description and when they are not expert in the area. Burnout is a concern and we need to recognize the full scope of what they do. 7. NEW BVS has enough VSOs to meet the need in some regions – but not others. 8. NEW BVS VSOs currently handle approximately 41,000 cases. Wait time to meet with a VSO is about 1 week.	service – veteran won't be shuffled through a network of transferred calls and VSO will have information on hand that may facilitate discussion with veteran that may not have occurred otherwise. ➢ Tracking of services and information provided by CMS will help refine and prioritize BVS services, resulting in efficient delivery of services	
	Geographic diversity of veterans/location of services 1. BVS regional Veterans Service Office locations should be examined to see if they align with the changing veteran demographics. 2. Currently, one service officer is covering two VSO locations 3. Regional Veteran Service Offices experience greater veteran traffic and utilization when co-located with other services utilized by veterans (cited example: Bangor which is co-located with VA CBOC – community based outpatient clinic)		Commission should learn more about the efforts and accomplishments of the VA Rural Health Advisory Committee
	VA claims generally - Non BVS-VSOs 1. The process for filing claims with the VA is complex and lengthy. 2. BVS VSOs are best equipped to understand the process and provide assistance to veterans navigating claims. 3. Filing claims electronically is new and expanding technology for veterans seeking benefits and compensation. 4. NEW Post-level VSOs are not always certified and even when trained often serve a triage function for dealing with VA claims rather than providing comprehensive case management service 5. NEW There is no oversight of non-BVS VSOs. State receives some		Non-BVS VSOs which receive state funding should be subject to oversight and reporting to ensure that services provided are actually assisting veterans Non BVS VSOs should receive better training and have access to support to better assist veterans and

	general information from VSOs at Togus funded partially by Veterans Coordinated Assistance Fund. 6. **NEW** Claims filed which are incomplete or contain errors can result in substantial delays in receiving a disability rating or coverage of medical care. If a claim is denied, appeals may not be resolved for a long period of time as the VA has no statutory requirement to resolve claims within a certain time period. 7. **NEW** Even if an appeal is successful, the rating or coverage of service is not necessarily retroactive to initial claim filing – but more likely, from when the date the appeal was successful approved. 8. **NEW** Standards and basic credentials should be required of any BVS who handles or assists with VA claims for a veteran. 9. **NEW** Issues regarding reimbursement rates and timeliness of payment by HealthNet Federal services which administers TriCare and Choice card		improve VSO performance at the post-level. Establish incentives for post-level VSOs to acquire proper training and to communicate with BVS
	Communication <u>Between agencies or other governmental units</u> 1. Reserve units represent a specific population gap for the state with regard to communication and notification of their veteran status 2. Veteran information system compatibility between the state and federal government as well as DD-214 record access would benefit and enhance outreach effort. The Dept. of Defense is working on issues to address this <u>Between the state and its veterans</u> 3. The significant lack of awareness of the Bureau of Veterans Services among Maine veterans is unacceptable. 4. BVS should be the primary information source for Maine Veterans regarding services and benefits and provide a single point of entry to access benefits and services provided by other agencies and organizations. 5. Multiple and modern communication modalities must be used to		

	ensure BVS is reaching veterans. 6. The current provision for an outreach specialist in BVS allows for a 2-year contracted position. This may not be the best fit for establishing and executing a long-term plan for critical outreach efforts. <u>Between agencies and service providers</u> 7. **NEW** Methods for improving communication among providers and between providers and state should be considered – such as a board (members with multi-year terms) that meets regularly (quarterly) and serves as a conduit for collecting information and facilitating communication and coordination of efforts 8. **NEW** Challenge is determining who should serve on such a board and managing membership so it is not unwieldy and ineffective.		
	Mental health care access 1. Thirty-five to 40% of veterans in Maine are seeking mental health care services according to the VA. However, the VA in Maine does not provide a sufficient level of services to meet that need and lacks a comprehensive inpatient treatment facility in Maine. (closest is MA which provides a 4-6 week program) 2. Too many veterans are placed on waiting lists for receipt of mental health care. 3. **NEW** Issues regarding reimbursement rates and timeliness of payment by HealthNet Federal services which administers TriCare and Choice card limitations result in delay or straight forward lack of services for veterans 4. **NEW** Commission should consider the benefits of a Quick Repsonse Force to intervene when veterans are in crisis providing them with support before crossing into legal trouble	*staff note: Presentations included lots of information about the problems associated with TriCare, ChoiceCard and HealthNet. Those discussion points were not necessarily raised by commission members. Discussion chart can be updated to include that information.	
	Maximizing services and benefits between VA and state 1. Efforts to un-enroll veterans from MaineCare insurance to federal		Directive to state agencies (DHHS) should be to maximize all available

	VA health benefits is not necessarily in the best interest of the veteran or the veteran's family. (Transportation services covered by MaineCare cited as a specific example) 2. MaineCare is insurance where what the VA provides is a health benefit. There is a significant lack of understanding about the distinction. 3. Maximizing the health benefits provided by the VA and utilizing MaineCare as needed best serves veterans who are eligible for MaineCare. 4. Approximately 28% of veterans in New England are not eligible for VA Health Benefits (service connected health needs)		benefits and not rely on one state or federal agency to provide all services needed by veterans.
	Transportation 1. Transportation to VA health care facilities and Togus proves to be a significant barrier to access to care by veterans, particularly elderly veterans who no longer drive and those who reside in rural parts of the state 2. **NEW** The barriers preventing DAV transportation services from stopping at CBOCs should be identified and addressed. 3. **NEW** Transportation is consistently cited as a significant barrier to providing assistance and services to veterans by providers and volunteer organizations established to address veterans' needs 4. 5. **NEW** Funding is available for community transportation networks with proper organization		Explore creating a network of community-based transportation services utilizing paid, trained veteran drivers.
	Education 1. Veterans Assistance offices, like the one operating at USM, provide an excellent service to veterans transitioning into educational pursuits. 2. Green zone training for faculty, staff and students eases transition of veterans on campus		
	Employment 1. The rate of unemployment is higher as it applies to veterans in Maine, than non-veterans.		

	2. The percentage of Maine veterans currently unemployed is 8.5% of the veteran population. 3. 10-12% of veterans aged 18-30 are unemployed. 4. There are benefits to employing veterans which should be communicated to employers. 5. Approximately 3% of veterans use available federal vocational rehab services. 20% of veterans are eligible. 6. The program sees a 78% success rate.		
	Deceased Veterans – cemeteries 1. The Maine Veterans Memorial Cemetery is well-managed and valued by citizens of the state, generally as well as veterans and their families. The likely attainment of National Shrine Status is a significant achievement and a testament to the bureau's good work.		
	Honoring veterans Oral histories and documented accounts of service by Maine veterans are important to our state's heritage and an appropriate way to honor those Mainers who have served.		Support and participate in a Veterans History Project.