Discussion points – justification for findings and recommendations	Findings	Commission position	Recommendations	Commission position
Demographics, Data and Statistics 1. Statistics and data regarding veterans is inconsistent among agencies who provide services and administer benefits to veterans in Maine. A majority of data come from the VA which does not always match what local and community providers see with regard to the number of veterans seeking services. 2. Veteran data are often exclusive of military retirees. There are an estimated 13,000 military retirees in the state. 3. Data regarding the number of veterans experiencing homelessness varies among various agencies and non-governmental providers. 4. Accurate data regarding veterans and their status/needs is critical in applying for and allocating resources. 5. The amount of federal funding for VA benefits in Maine is directly linked to the number of veterans who have enrolled in the VA system. *The state has a duty and responsibility to advocate and assist all who served including military retirees and members of the Guard who completed service but were not called up for active duty.*	Data on veterans is inconsistent among agencies and entities that 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. Veterans often do not self-identify and are thus not included in veteran population count. *Issue for future consideration?* 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) State agencies or providers who receive state funding should be required to collect and report when they are providing a service to a veteran in an effort to ensure identification of veterans and provision of all benefits and services to which the veteran is entitled. *Require DVEM/BVS to establish methods to track and maintain contact with military retirees and MEANG members who have completed service but were never called to active duty*	

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 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**SHA 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. Definition of homelessness and functional zero may not appropriately characterize homelessness among veterans and how efforts to address the problem are measured as successful. The Point-in-time survey provides information that is used to determine allocation of resources and what is required to achieve functional zero – it's unclear if this measurement is accurate or reflective of the actual situation. 6. BVS is not tasked by law to specifically address the issue of homelessness among veterans. 7. Although MSHA does assist with connecting veterans with housing (as a co-applicant for grants with community providers) – they are not tasked to address veteran homelessness specifically.	Although statistics vary depending upon provider, the number of veterans experiencing homelessness is too high by any measure. The laws governing MSHA and BVS do not specifically require either agency to combat and address homelessness among Maine veterans. BVS is in the best position to coordinate efforts among state agencies and community providers to provide housing to veterans. Additionally, BVS should be tasked with developing a system for conducting its own annual count of homeless veterans 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 Definition of homelessness and functional zero may not appropriately characterize homelessness among veterans and how to effective guide efforts to address the problem. The current use of the term "functional zero" measures capacity to provide housing to those who are homeless NOT the outcome of placing veterans (or persons who are homeless) in housing. Transitional housing is limited in the state and currently only provides service to male		Fund a dedicated position within BVS for connecting veterans in need with permanent housing. Functions of this position could include ensuring accurate data collection regarding the number of veterans experiencing homelessness (based on a definition of homelessness as determined by BVS) and facilitating coordination of efforts among service agencies who receive grants and funding to address homelessness. The state should explore opportunities for more transitional housing facilities for veterans. Consideration should be made for female veterans and veterans with dependents. When MSHA is a co-applicant for funding and grants with community providers, they should require providers to submit reports regarding the number of veterans being served under those funded programs.	

8. Transitional housing provides a valuable opportunity for veterans to gain independence and achieve and maintain employment. Current availability of transitional housing is limited to individual males and is only provided in "dry" facilities that do not permit visitors (including family). The facility in Lewiston is successful and can serve as a model for future efforts, with additional consideration for women and families.	veterans at "dry" facilities			
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	The number of veterans in Maine who are not enrolled with the VA or are unknown to BVS is too great. These veterans are not receiving the benefits and services they have earned. Awareness of the Bureau of Veterans Services is lacking – primarily due to the lack of a requirement and funding to conduct a marketing and outreach campaign >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 because it will get more veterans enrolled in VA system . Although the VA also bears responsibility to identify and reach out to veterans, implementation does not always match intentions of policies and requirements at federal level.		Dedicate funding for outreach systems and staff by making the current 2-year contracted position a permanent position within BVS Amend statutory duties of BVS to include marketing and outreach – including the specific purposes and objectives to be targeted by marketing and outreach efforts. >Identify a marketing and outreach campaign strategy and determine its potential costs. > Marketing should include a media campaign to encourage veterans to self-identify, publicize and inform veterans about resources and also encourage out-of-state veterans to relocate in Maine. >Marketing should also target family members of veterans with regard to seeking assistance and to address the	

7. 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. 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. Efforts to designate the TAG office as the single point of contact when military members are discharged have not been successful. 10. 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. This is particularly important with regard to reaching veterans in crisis and at risk of suicide. 11. Marketing and publicity campaigns are effective – MDoL's hire 100 vets in 100 days program is an illustration of how quickly results can be achieved.	Communicating with veterans at the time of their separation from the military regarding services, benefits and opportunities available to them is critical. However, current efforts at this communication have not been successful. Marketing and outreach can be useful tools to communicating with veterans in crisis and more importantly with family members and loved ones of veterans in crisis. During the time this Commission held its meetings, at least two veterans were lost as the result of suicide		issue of suicide risks. >Efforts to encourage and support the hiring of veterans and educating potential employers about the advantages to hiring veterans should continue in partnership with MDoL. Establish benchmarks prior to implementation of 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 States should work to develop MOUs to allow for DD214 sharing/transfers.	
BVS operations 1. The lack of appropriate case-management technology results in inefficiency, poor customer service, and unnecessary frustration	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		Fund and support an effective case management platform. Encourage continued partnership with VA – locating BVS VSOs at CBOCs.	

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. 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 – the current distribution has a long history and should be revisited to ensure that the distribution of resources is working 4. 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. Rent costs at state facilities (VSO regional offices) are exorbitant and existing locations are not always where veterans are going. 6. 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. BVS has enough VSOs to meet the need in some regions – but not others. 8. BVS VSOs currently handle approximately 41,000 cases. Wait time to meet with a VSO is about 1 week. 9. BVS VSO VA claim assistance results in $$$$$ in federal VA awards	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 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 Co-locating a Maine Veterans Service Office with another agency or facility that provides services to veterans enhances convenience and customer service for veterans and increase traffic of veterans seeking services for BVS. This is particularly true when co-located with VA CBOCs. >Co-locating is a cost-savings for BVS as the VA has charged moderate rental fees. BVS Veterans service offices locations should also consider geographic distribution of veterans based on updated demographic data (rather than using as a bench mark how the current offices are sited)		The state should increase funding for travel expenses for VSOs	

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)			BVS should be tasked with a review of its current VSO office locations and the number of VSO providing services in the state – including the use of a traveling VSO.	
VA claims generally - Non BVS-VSOs 1. The process for filing claims with the VA is complex and lengthy. The VA allows for only one representative with power of attorney authority per veteran filing claim(s). 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. 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. There is no oversight of non-BVS VSOs. State receives some general information from VSOs at Togus funded partially by Veterans	Veterans Service Officers shoulder a significant responsibility when assisting veterans applying for VA claims. Failure to file properly or provide appropriate guidance and advice can cost a veteran substantial time and money. >The VA assigns or refers claims to officers of national veterans' service organizations to provide filing assistance to veterans. >Some veterans' service organizations also provide services officers at the post-level. These officers are not necessarily certified and are not required to communicate with BVS. >The VA allows only one representative with power of attorney authority per veteran filing a claim. This represents a barrier to providing oversight and evaluation claims filed by non BVS VSOs		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 improve VSO performance at the post-level. Establish incentives for post-level VSOs to acquire proper training and to communicate with BVS	

Coordinated Assistance Fund. 6. 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. 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. **S**tandards and basic credentials should be required of any BVS who handles or assists with VA claims for a veteran.	> The state provides funding (approximately 75% of salaries) for two service officers at Togus representing national veteran service organizations. There is no formal oversight mechanism to ensure that the funding is being used in a way to achieve intended outcomes.			
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. The barriers preventing DAV transportation services from stopping at CBOCs should be identified and addressed. 3. 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. Funding is available for community transportation networks with proper organization	According to veterans and service providers, nonexistent or inadequate transportation is a cited as a significant barrier to veterans receiving services – particularly employment, housing and access to physical and mental health care services. VA is a direct provider of health benefits, which in Maine does not include coverage or provision of transportation to health care appointments at Togus or CBOCs. MaineCare coverage does include transportation services for eligible enrollees. Maine has several transportation agencies which provide contracted services for		The state should support and explore creating a network of community-based transportation services utilizing paid, trained veteran drivers. The state should explore a partial coverage option in MaineCare that will allow those with VA health benefits to have access to transportation to VA facilities. BVS should communicate with VA regarding coordinating veterans' appointments at CBOCs and Togus on days in which contracted transportation providers service their area/hometown.	

	DHHS. These agencies could be utilized to address the needs of veterans needing transportation to CBOCs, Togus and other facilities that provide services to veterans. The state provides funding for transportation services by the DAV which drives veterans to appointments at Togus – but not to CBOCs because of the agreement between the VA and national DAV organization. This is a wasted opportunity and an inefficient use of this valuable service		The state should encourage the DAV and the VA to restructure their arrangement to allow for transportation to VA community based outpatient clinics.	
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.			(Marketing plan and outreach efforts will address several high-lighted communication issues)	

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. Between agencies and service providers 7. 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 [*This has not received much discussion by commission to date]* 8. 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. Issues regarding reimbursement rates and timeliness of payment by HealthNet Federal services which administers TriCare and Choice card limitations result in delay or straight	In general, access to mental health care services and treatment in Maine in insufficient. Mental health services are often sought at critical moments of crisis for veterans. Failure to get help can result in a veteran getting in trouble with the law, hurting themselves or hurting others. Simply getting a veteran to agree to seek mental health care is a challenge. When that care is difficult to access, the opportunity to connect that veteran with these important services may be lost.		Directive to state agencies (DHHS) should be to maximize all available benefits and not rely on one state or federal agency to provide all services needed by veterans. State should (first try with VA) establish a list of mental health care providers for which veterans can use TriCare or ChoiceCard coverage.	

forward lack of services for veterans	TriCare and ChoiceCard options are intended to give veterans access to services when the VA can't provide them or the veteran can't access them due to proximity or wait times. When a veteran exercises this option, they are not provided with with referral assistance or even an up-to-date list of providers who accept TriCare/Choice Card The lack of a VA supported inpatient mental health treatment facility leaves countless veterans without critical psychiatric care.		*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*	
Maximizing services and benefits between VA and state 1. Efforts to un-enroll veterans from MaineCare insurance to federal 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)				
Education 1. Veterans Assistance offices, like the one operating at USM, provide an excellent service to veterans transitioning into educational	Models currently exist to support veterans in enrolling in higher education and retaining them as students until graduation. >The Veterans Assistance Office at USM		Each campus with a significant number of student veterans should employ a consistent level of services for student veterans and training of faculty and	

pursuits. 2. Green zone training for faculty, staff and students eases transition of veterans on campus	provides excellent service to veterans and assists student colleagues and faculty with green zone training and orientations regarding military culture. >Proactive provision of assistance is key to student veteran retention VA education benefits do not have an outcome-based measurement for success or appropriate follow-up to ensure that veteran is completing their education. VA education benefits are structured in a way that is inconsistent with an academic schedule, leaving a student without income or funding when classes are not offered or available.		fellow students.(employing USM model) State should consider options for assisting VA education benefit recipients during times when GI bill does not provide funding.	
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.	