NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

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Presented by

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INTRODUCTION

Mr. Chairman and distinguished members of the committee, my name is Verdie Bowen, Director of the Office of Veterans Affairs for the State of Alaska and President of the National Association of State Directors of Veterans Affairs (NASDVA). NASDVA is comprised of the State Directors of Veterans Affairs for the fifty States, the District of Columbia, and five territories: American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands. I am honored to present the collaborative views of our association. Here with me today are General Les Beavers, NASDVA Executive Director, and former Commissioner of the Kentucky Department of Veterans Affairs and Alfie Alvarado, Director of the Washington State Department of Veterans Affairs and NASDVA Senior Vice President.

Second only to the U.S. Department of Veterans Affairs (VA), we are the largest provider of services to Veterans and our roles continue to grow. Collectively, States contribute over $10 billion each year in service to our nation's Veterans and their families, despite constrained budgets. Our mission includes advocating for all our nation's Veterans, their family members and survivors to access their earned federal and state benefits. The State Departments of Veteran Affairs (SDVAs) provide services in the following areas: Filing Disability Claims and Appeals on behalf of Veterans; acting as the State Approving Agency for GI Bill use; administering and operating State Veterans Homes and Veteran Cemeteries; advocating for Veterans' access to VA Healthcare including Mental Health; connecting women, minority, and rural Veterans to needed services. We work with your communities to end and prevent Veteran Homelessness; support State Veteran Treatment Courts; award grants to local governments and non-profit organizations that provide assistance to Veterans; and assist service members with transition and employment services, in addition to helping Veterans in many ways that may not fit "neatly" into any

category. Collectively, our combined services result in the States having a much broader connection to our nation's Veterans than those who are currently enrolled and utilizing VA services. NASDVA, through its Member States and Territories, is the single organization outside of USDVA that represents and serves all of America's nearly 20 million Veterans.

We sincerely appreciate VA's recognition of the importance of SDVAs. The formal partnership we have with VA through a Memorandum of Agreement (MOA) continues to yield positive results for our Veterans nationwide. We look forward to the ever-increasing role of States in delivering the care and services our Veterans earned through this important partnership.

As governmental agencies, SDVA's are tasked by our respective Governors, State Boards and/or Commissions with the responsibility to address the needs of our Veterans irrespective of age, gender, era of service, military branch or circumstance of service. On a daily basis, State Directors and their staffs are confronted with unique situations in caring for all Veterans and their families. Delivery of meaningful services and support is often best coordinated at the local level. Collectively, our State offices provide coverage for all Veterans throughout the country, District of Columbia and the Territories.

USDVA – NASDVA PARTNERSHIP

Since NASDVA's incorporation in 1946, there has been a long-standing government-to-government cooperative relationship. The relationship became a more formalized partnership through a formal MOA between USDVA and NASDVA, originally signed in 2012, updated and signed on 28 February 2018 with VA Secretary David Shulkin and NASDVA President Verdie Bowen. Through the MOA, the "Abraham Lincoln Pillars of Excellence" award was established to recognize best practices from NASDVA members that developed effective programs to

address five top-line issues: improve Veterans' experience, improve access to healthcare and services, improve claims and appeals processing, suicide prevention and innovative State programs. For 2018, the fifth year of program awards, VA Secretary David Shulkin presented seven awards to the following states: Texas, Minnesota, Massachusetts, Maine, Idaho, Washington, and California recognizing the outstanding contributions States are making to our nation's Veterans.

VA FUNDING

NASDVA appreciates Congress' support to improve overall funding for healthcare, cemetery operations, homeless Veterans' programs, and claims/appeals processing. We continue to serve a new generation of Veterans who require extensive medical and behavioral care, service-connected benefits and assistance with transition to our communities. While there is significant focus on our returning service members, we must continue the critical work of serving all other Veterans particularly the large cohort of aging Veterans.

NASDVA is asking as a minimum that VA receive the funding requested by the President for FY2019. This will provide needed resources to deliver services for our Veterans growing needs and addressing VA's mission. To that end, NASDVA is committed to working in collaboration with VA and Congressional leaders to help ensure emphasis is placed on funding priorities that will meet our Veterans' most critical needs.

As VA continues its transformation journey, attention must be given to program funding and how that funding supports actual outcomes to include enhancing our Veterans' VA experience. NASDVA supports a robust continuation of new initiatives, to remain vigilant in ensuring program execution, and continue to place resources where Veterans can be best served.

US CENSUS AND VETERAN STATISTICS

In order to fully account for all living veterans, the 2020 US Census must include in its questionnaire military service information. This critical data set, which was overlooked in the 2010 census, is an issue of extreme urgency as the census questions are in development. Census data drives the predictive models and services that assist both VA and SDVAs to better serve our veterans. NASDVA urges VA and Congress to intervene with the US Census to add the "Did you serve in the US military," or a similar question.

VETERANS HEALTHCARE BENEFITS AND SERVICES

NASDVA has substantial concerns about the privatization of Veterans Healthcare. It will be wise to incorporate lessons learned from the enactment of the Choice Act as VA continues to move forward with the Coordinated Access and Rewarding Experiences (CARE) model. The services provided by VA healthcare and the private sector need simplification to ensure a positive veteran experience. NASDVA recommends permanent Choice/CARE authorization and funding based on a veteran-centric approach. The clock is ticking as Choice funding nears exhaustion and VA needs time to implement the permanent program. This will avoid a "rules making" blitz that could again impact Veterans negatively as with Choice implementation.

The Veterans Health Administration (VHA) is a comprehensive healthcare system that provides, through a variety of means, the full spectrum of care for our Nation's Veterans; in many cases, care that is provided nowhere else. VA also conducts extensive research that benefits our Nation's citizens at large. Any future plans for Veterans' healthcare must allow VA continued management flexibility that emphasizes an integrated (VA and Non-VA care) and flexible overall care model with the proper mix of care delivery based on Veterans' needs, locale, availability and accessibility of services.

State Directors, represented by NASDVA, fully support efforts to increase Veterans' access to VA Healthcare. This includes the continued involvement of SDVAs with VA Medical Centers (VAMC) to collaborate in enrolling Veterans and eligible family members in the VA healthcare system. This collaboration also continues to address expansion of Vet Centers, the deployment of mobile health clinics and maximizing the use of tele-health services. We commend VA's efforts to address women Veterans' health issues, military sexual trauma, behavioral health and rural Veterans. We applaud the passage of the CHIP IN for Vets Act of 2016 which increases the capability for the VA to serve Veterans by enabling local planners and communities to be actively engaged and invested in the construction of VA health care facilities. Innovative solutions such as the CHIP IN for Vets Act are winning strategies for the VA, communities and veterans they serve.

NASDVA's priorities for the care of our Veterans are generally consistent with those of VA. These are: continuation, expansion and improvement of the Choice or Coordinated Access and Rewarding Experiences (CARE) program, behavioral health, telehealth expansion, geriatric-psychiatric long-term care, assisted living recognition for full continuum of care, recruitment and retention of qualified healthcare providers and increased funding for the State Veterans Homes VA grant per diem program and provider agreements.

The Veterans Access, Choice and Accountability Act of 2014 has undergone revisions to improve its initial barriers and has increased access to care for Veterans. Operationally, the program has had significant challenges and has been in direct conflict with other, already existing VA Purchased Care options. The use of Choice/CARE and how it affects our Veterans needs continual improvement.

The VA and other government health care networks must serve as the core for providing health care services. External networks and preferred providers should be expanded to provide care where VA services are not available. NASDVA urges inclusion of health coverage including gynecological and Military Sexual Trauma (MST) medical care for women Veterans.

SUICIDE PREVENTION

We share VA's sense of urgency in the area of behavioral health. Unaddressed or under-addressed issues are the root cause to many of our Veterans' challenges: homelessness, justice involvement, substance abuse, unemployment and suicide. While VA has made commendable progress on suicide prevention, more still needs to be done since the suicide rates still remain high. It is imperative that strong emphasis is placed on hiring and retaining qualified behavioral health professionals in the Veterans Health Administration (VHA) nation-wide and that VA works with the SDVAs to develop a government-to-government strategy to address this crisis. The current medical and behavioral health professionals' recruitment and retention challenges impede VA's ability to treat our Veterans' complex physical and psychological conditions. Efforts need to broaden to ensure properly trained and credentialed health professionals are in place within VA and that non-VA care providers are also trained on military and Veteran culture awareness to better serve those who served.

It is imperative that VA, and specifically VHA, receives the funding required to care for Veterans who are enrolled today. While the number of Veterans is decreasing, the complexity of our new Veterans conditions is increasing. VA must have the resources necessary to recruit and retain doctors, nurses, and other professional staff. Any policy of wholesale contracting and sending Veterans out of a compassionate, Veteran-centric environment and placing them in the

for profit corporate medical system, may not yield the results experienced by VA and supported by metrics.

When it is necessary and appropriate for Veterans to receive care at facilities and providers outside VA, reimbursements for service/care must be expeditious and meet or exceed industry standard(s) if we are to reasonably expect providers to participate in providing care to our Veterans. Slow payments continue to be a problem.

VA is recognized as a world leader in the development of telehealth services that are now mission critical to the future direction of VA care. Telehealth is particularly critical to rural Veterans when just in time access to mental health services is not available or when they have to travel long distances to see a provider. Any barriers (statutory or regulatory) that exist and impede delivery of telehealth services to Veterans must be removed particularly across State lines. SDVAs can be an invaluable partner in connecting rural Veterans to telehealth. Through federal funding, SDVAs can provide outreach and connect our most vulnerable Veterans to life saving programs. This expanded effort will help close the gap in access to mental health care, in particular, in rural, Tribal and other traditionally underserved communities.

STATE VETERANS HOMES

The State Veterans Home (SVH) Program is the largest and one of the most important partnerships between SDVAs and VA. SVHs provide over 51% of the total VA long-term care and is a cost-efficient partnership between federal and State governments. SVHs are the largest provider of long-term care to America's Veterans, providing a vital service to elderly and severely disabled Veterans with skilled nursing, domiciliary, and adult-day health care services. There are 156 operational SVH's in 50 States and the Commonwealth of Puerto Rico.

NASDVA and the National Association of State Veteran Homes (NASVH) have actively advocated for the principle that Veterans in our homes are entitled to the same level of support from VA as Veterans placed in Community Living Centers and VA community contract nursing homes. Both national associations have been engaged with Congress to demonstrate program needs and appropriate levels of funding support. We maintain that the benefit is to the Veteran, regardless of where he or she chooses to receive their care. To ensure State homes can continue to operate and provide high quality care, the Provider Agreement provision to care for the most vulnerable and compromised Veterans (70% or above service-connected) must be maintained and strengthened in future legislation. Furthermore, care must be taken to ensure Veterans are able to utilize VA for services and specialty care not traditionally part of nursing home operations. As an example, Hepatitis C is diagnosed and treated by a specialist outside the SVH with specialty medications. This type of care is complex and should be VA's responsibility not the SVH.

NASDVA, in support of NASVH, also requests that VA expedite the completion and publishing of the Domiciliary Care and Adult Day Health Care (ADHC) rules. Nearly 10 years ago VA, in consultation with NASVH, began working on regulations to govern SVH Domiciliary Care and ADHC programs. Without these new rules, SVHs that would like to offer veterans this service, are hindered in moving forward. This is diametrically opposed to the VA's and VA Secretary Shulkin's moonshot community services vision. Additionally, to ensure that the needs of all our Veterans are met in our SVHs, NASDVA recommends strong consideration (and action) to increasing the reimbursement rates for Domiciliary Care. and the reimbursement rates for 70% Service Connected Veterans in Adult Day Healthcare.

NASDVA also has concerns about behavioral health and the future incidence of Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and mental health and brain conditions in our aging Veteran population. While there are obvious war-related traumas that lead to PTSD in younger OEF/OIF Veterans, aging Veterans are exposed to various catastrophic events and traumas of late-life that can lead to the onset of PTSD or may trigger reactivation of pre-existing PTSD. Reactivation of PTSD has been seen more frequently in recent years among World War II, Korean and Vietnam War Veterans and have been difficult to manage. VA has limited care for Veterans with a propensity for combative or violent behavior and the community expects VA or State Veterans Homes to serve this population. NASDVA and NASVH recommend a new Grant Per Diem scale that would reflect the staffing intensity required for psychiatric beds and medication management. Both SVHs and VA Community Living Centers are unable to serve heavy psychiatric patients; therefore, VA can't turn over hospital psychiatric beds because of the lack of community psychiatric step-down capacity. This level of care is critically needed.

VA has traditionally requested $90 Million for construction and both NASDVA and NASVH have been successful in increasing the amounts through congressional education. The current backlog of "shovel ready" projects is $700 Million. Congress should appropriate sufficient funding to keep the existing backlog of projects in the State Extended Care Facilities Construction Grant Program at a manageable level to assure life safety upgrades and new construction. NASDVA strongly supports increasing funding to at least $300 million.

Both VA and our State Veterans Homes (SVH) are experiencing healthcare provider shortages. These shortages are projected to continue for the foreseeable future as the baby

boomer generation ages. It is imperative that VA continues its recruitment and retention efforts in order to have the quality and quantity of providers to care for eligible Veterans.

NASDVA supports NASVH in urging the House to pass the Senate version of S.324, to provide full cost of care Adult Day Health to Severely Disabled Veterans. This care provides an alternative to nursing home care that allows these Veterans to remain at their homes at a fraction of the cost and give needed respite to their caretakers.

Finally, NASDVA recommends that VA, in consultation with both NASDVA and NASVH, begins an evaluation process to implement an Assisted Living level of care or enhanced Domiciliary grant program. Currently there are only two levels of care: Domiciliary (independent living for Veterans unable to thrive in the community) and skilled nursing care with nothing between. The Domiciliary rate does not cover the cost of caring for this higher level of care. Our associations will be asking VA to collaborate on this critical effort and ensure that Veterans have options, especially when unable to remain at home.

VETERANS BENEFITS SERVICES

State Directors continue to take on a greater role in the effort to manage and administer claims processing. Regardless of whether the State uses public employees, nationally chartered Veterans Service Organizations (VSO) and/or County Veterans Service Officers (CVSO), collectively, we have the capacity and capability to assist the Veterans Benefit Administration (VBA).

NASDVA applauds VA's efforts to overhaul its disability claims process administered by the Veteran Benefit Administration (VBA) and although we are optimistic, NASDVA remains concerned that there is a backlog and emphasizes that resources and focus must be kept on

adjudicating claims in a timely manner. In December 2013, VA testified before the Senate Committee on Veterans Affairs that it had made significant progress in executing their benefits transformation plan and had significantly reduced the backlog from a peak of 611,000 in March 2013. VA should continue to focus their resources on continuing to reduce the backlog while working with SDVA's. Recognizing that there is a wide range of resources available in individual States, NASDVA recommends serious consideration to making federal funding available to States to assist with efforts "on the ground" to further reduce the backlog and maintain progress on expediting existing and new claims. States like Texas and New York have collaborated on such efforts, but other states lack the resources to embark on similar initiatives.

A success story of government-to-government collaboration between VA and NASDVA is the work that led to the modernization of the Claims Appeals Process. A multistate team joined VA, VSO's and Congressional staffs to develop a product that will change a system that was failing our Veterans. We commend SVAC, HVAC and Congress for passing Public Law 115-55 "Veterans Appeals Improvement and Modernization Act of 2017," which establishes the way forward for appeals modernization, reducing the backlog and creating a more positive and informed Veteran experience.

State Approving Agencies (SAA) function in many States to conduct monitoring and approval of educational institutions for receipt of Veterans' educational benefits. They assess and approve educational institutions and training programs for GI Bill education benefits. Twenty-six SAAs are in State Departments of Veterans Affairs. As a part of this effort, NASDVA also works closely with the National Association of State Approving Agencies (NASAA). In 2006, the SAAs secured a mandatory funding model to ensure their programs would have sufficient funding each year. With the important passage of the Post-9/11 GI Bill,

the SAA's mission expanded with more compliance requirements but no additional resources. Without adequate resources, SAAs report that it is harder to sufficiently monitor and assess all academic programs under their charge. Under the current (and proposed) VA model, the requirements placed on SAA's have increased while, in most cases, funding has decreased. Additionally, the funding source for the program is increasingly unstable. NASDVA requests a revision of the SAA Total Requirement and Allocation Model and that NASDVA representatives be participants in this process.

BURIAL AND MEMORIAL BENEFITS

NASDVA appreciates the National Cemetery Administration's (NCA) collaborative partnership with States, territories and Tribal Governments. The Veterans Cemetery Grants Program (VCGP) complements NCA's 135 national cemeteries and is an integral part of NCA's ability to provide burial services for Veterans and their eligible family members. State, Territory and Tribal cemeteries expand burial access and support the NCA #1 goal of "increasing access to a burial option in a National or State Veterans cemetery" and by FY21 provide burial services to 95% of all Veterans within in a 75-mile radius of their home. There are currently 109 VCGP cemeteries located in 48 States, three (3) Territories (Guam, Saipan and Puerto Rico), and Tribal trust lands. In fact, these cemeteries provided over 46,000 interments in FY 2017, which is 21.6% of the total interments by both NCA and VCGP cemeteries.

We recommend the FY 2019 construction grant program budget be increased to at least $60M that would include $50M for construction and $10M specifically designated for improvements and emergent needs in State and Tribal cemeteries. This modest increase to the

$45M budget proposal would allow funding of new State cemeteries and upgrade projects that currently go unfunded while also allowing NCA to respond to emergent requirements.

NASDVA fully supports the NCA goal of ensuring that State and Tribal Veterans cemeteries are maintained through a Compliance Review Program to the same level as applied to the national cemeteries. This aligns a review process for VA grant-funded State and Tribal Veterans' cemeteries to achieve National Shrine Standards. As NCA considers the feasibility of certain weekend burials, consideration must be given to the monetary impact on States whose budgets are already stretched. VA should allow States the flexibility to conduct weekend burials if they have the resources, allowing to "opt in" versus being mandated.

WOMEN VETERANS

Women Veterans are the fastest growing Veteran population. Women now make up 20% of the Armed Forces and can assume roles in nearly all military occupational specialties. The 2016 lift of the combat exclusion rule by the Department of Defense means that women will undoubtedly fill 100% of occupational skills in the military in the immediate future. As a result, the VA must continue preparations for this unique population. There are several areas NASDVA believes VA can work on to close gaps in services, ensure continuity of care, and address tailored needs of this Veteran population.

Veterans are impacted by the provider shortage for the delivery of gender and transgender specific healthcare. In addition, we understand that VA priorities address the needs of both male and female survivors of Military Sexual Assault including those who serve in the National Guard and Reserves. Due to increasing volume of Veterans with MST, compatible care

and provider alternatives need to be deliberately extended to all those Veterans who might otherwise be dissuaded from seeking treatment at the VA.

With the relatively recent VA investment of state-of-the art women's clinics across the country, there still exists a disproportionate and non-standard availability to access gender-specific healthcare relative to the population of women Veterans. The decision-making and planning for new clinics or renovation of existing clinics must be data driven and Veteran-centric to ensure Veterans receive care commensurate with the population.

The highest emerging population of homeless Veterans is women. Recent efforts across the country to end and prevent Veteran homelessness are commendable and deserve recognition. We know instinctively that the true numbers of this emerging population are underrepresented due to prescribed models addressing homelessness. As an example, a victim of domestic violence fleeing his/her abuser and staying with a friend is not considered homeless. Veterans miss out on needed services and resource to substandard alternatives that prevent them from being counted as homeless because they do not meet the federal definition and are placed in low priorities. NASDVA recommends, and will work with VA, to allow flexibility in their homeless definition and revitalize transitional housing models to better serve women and other veterans especially those with children.

In the area of suicide prevention, women veterans are 2.5 more likely to commit suicide than non-veterans. Suicide prevention is one VA Secretary Shulkin's five priorities, but the field does not reflect this commitment consistently. VBA serves 60% of veterans as they seek and access many of its programs, while VHA sees much less. NASDVA recommends that VA develops a mechanism between VHA and VBA to identify at risk veterans at the time a claim is initiated.

MINORITY VETERANS

Veterans in Island Territories in isolation have had significant issues with services. One example is the Puerto Rico and Virgin Islands hurricane catastrophe. With hospitals being overwhelmed, VA was one of the only facilities available. Since VA did not accept Category 7 and 8, these affected veterans did not have a viable option for their urgent medical needs. NASDVA recommends provisions in VA healthcare to allow care to all veterans in VA facilities during catastrophic events.

Native American Veterans are underserved on their reservations. Veteran Service Organizations (VSO) and SDVA do not have the capacity to provide services consistently and until recently, could not accredit Tribal Veterans Representatives (TVR). We commend VA for the recent rule changes that allow SDVA to accredit TVRs and/or allow for Tribes to seek their own accreditation. This will ensure TVRs serve their nations within their cultural beliefs and sovereignty and promote self-sufficiency in this critical benefits arena.

HOMELESSNESS AMONG VETERANS

NASDVA commends VA's effort and continued emphasis on ending homelessness among Veterans. States will continue to develop and support outreach programs that assist VA in this high priority effort, particularly in further identifying those Veterans that are homeless and programs to prevent homelessness. As partners with VA, we are focusing on addressing the multiple causes of Veterans' homelessness e.g. medical issues (mental and physical), legal issues, limited job skills, and work history. We appreciate the continued funding for specialized homeless programs such as Homeless Grant Per Diem, Health Care for Homeless Veterans, Domiciliary Care for Homeless Veterans, and Compensated Work Therapy. It is vital to

continue VA's partnership with community organizations to provide transitional housing and the VA/HUD partnership with public housing authorities to provide permanent housing for Veterans and their families.

We know that many stages of homelessness exist and likewise we know that many factors contribute to our nation's homelessness among Veterans. Contributing factors are alcohol and drug abuse, mental health issues, PTSD, lack of employment as well as involvement with the courts and corrections system. To eliminate chronic homelessness, we must address the many root causes by providing the necessary mental health and drug treatment programs to include job skills training and employment. These collective programs must be adequately staffed and fully funded in the current and future budget. Another revolving door that appears to increase the rolls of homelessness among Veterans is the burdened courts and corrections system.

NASDVA commends VA and HUD for their collaboration in increasing the number of VASH Vouchers. Unfortunately, in large cities with high cost of living, the voucher value is insufficient to allow the veteran to secure adequate housing. Some cities need cost of living adjustments to ensure the VASH voucher will actually cover most of the cost of affordable housing. NASDVA recommends that vouchers are tied to local markets to ensure they can support a veteran with secure permanent housing.

The VA Veterans Justice Outreach (VJO) Program is a prevention-focused component of VA's Homeless Programs Office (HPO), whose mission is to end homelessness among Veterans. Since the program was founded in 2009, VJO Specialists at every VA medical center have provided outreach and linkage to VA and/or community services for justice-involved Veterans in various settings, including jails and courts. VJO Specialists are essential team members in Veterans Treatment Courts (VTC) and other Veteran-focused courts, as they connect Veteran

defendants with needed VA services and provide valuable information on their progress in treatment. NASDVA supports increased USDVA funding for more Veteran Justice Outreach Coordinators to increase this valuable service.

VETERANS TREATMENT COURTS

The States continue to recognize the increase in justice-involved Veterans, especially in the time shortly after discharge, and continue to work with leaders at the State level to create environments (through legislation and other means) that encourage the creation and support of Veterans Treatment Courts (VTC). After discharge, many Veterans suffer from severe mental and emotional problems that result in behaviors that are disruptive and often criminal in nature.

It is important that we all remain committed to seeking innovative ways to help return justice involved Veterans to productive citizens. Support for Bureau of Justice Assistance (BJA) and National Drug Court Institute (NDCI) orientation and training programs for jurisdictions interested in establishing VTCs is important to that effort. The States respectfully request support for increased funding to the BJA, so more jurisdictions can participate. Additionally, increased funding for multi-year grants to aid jurisdictions in the establishment and sustainment of VTCs is needed. More VTCs mean more direct help for Veterans.

TRANSITION ASSISTANCE PROGRAM (TAP)

In 2011, Congress passed the "Veterans Opportunity to Work and Hire Heroes Act of 2011" (VOW Act). The VOW Act requires that separating service-members attend the Transition Assistance Program (TAP) at their military installation within 180 days of separation or retirement. Currently TAP is a five-day workshop, three of which focus on employment

services designed by the Department of Labor's Veterans' Employment and Training Service (DOL-VETS) and facilitated through a partnership with the Departments of Defense, and Veterans Affairs. However, there is no mandate to include each State's Veteran Employment and Workforce Services provided by the Jobs for Veterans State Grant (JVSG) into the curriculum. Additionally, there is no provision to include Veteran services and benefits from each State's Department of Veteran Affairs. Recommend that DOL-VETS, DOD, and the VA incorporate each State's specific Workforce and Veteran Services overviews into the TAP curriculum in order to facilitate a smooth transition for the service member into the State of their residence. This would include a mechanism to connect transitioning service members to the Veteran services in the State he/she will locate in upon separation from their military service.

While we recognize the efforts and progress DoD has made regarding transition, SDVAs need service member contact information prior to separation to provide upstream services to receive our new Veterans. SDVAs need to be prepared and provide a warm handoff from state-to-state. NASDVA recommends the sharing of information such as civilian email and mobile phone numbers, which are more reliable than home of record address or military email accounts.

JOBS FOR VETERANS STATE GRANT (JVSG) MANAGED BY DOL-VETS

SDVA have clearly witnessed how viable employment is essential to a successful transition from uniformed military service to civilian life. To assist in this transition, the U.S. Department of Labor-Veterans Employment and Training Services (DOL-VETS) manages the Jobs for Veterans State Grant Program. However, the flexibility of the States to serve the employment needs of Veterans is greatly restricted and completely hampered in many cases by DOL-VETS. Strong consideration should be given to transferring administration, control and

funding (along with related functions) of DVOPs and LVERS to the State agency that administers Veteran services. This move would help facilitate the priority placement of Veterans in the job market and align our Veterans with education and vocational rehabilitation services provided by VA. Ultimately, individual States' Chief Executives (Governors) should have authority to determine what organizational structure may best serve the employment needs of that State's Veterans.

We commend the continued emphasis on hiring Veterans for federal employment and both DoL and the U.S Department of Defense need to continue to promote awareness of the provisions and benefits under the Uniformed Services Employment and Re-Employment Rights Act (USERRA).

CONCLUSION

Mr. Chairman and distinguished members of the House and Senate VA Committees, we respect the important work that you have done and continue to do to improve Veteran services and benefits. I emphasize again, that we are government to government partners with VA in the delivery of services and care to those who served in uniform. Our presence today illustrates your recognition of NASDVA's contribution and value in serving our nation's Veterans and their families. With your help and continued support, we can ensure our Veterans and their needs are properly resourced and remain a priority. The difficult challenges we address today are critical investments, which become the foundation of our promise to serve those who have borne the battle and for their families, and survivors.

Thank you for including NASDVA in this very important hearing.