NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

Joint Hearing of the House and Senate Veterans' Affairs Committees

February 26, 2020
Presented by
John Hilgert

President, National Association State Directors of Veterans Affairs
Director, Nebraska Department of Veterans' Affairs

INTRODUCTION

Chairman Moran, Chairman Takano, Ranking Member Tester, Ranking Member Roe and distinguished members of the committees on Veterans Affairs, my name is John Hilgert, and I serve as the President of the National Association of State Directors of Veterans Affairs (NASDVA) and as the Director of the Nebraska Department of Veterans' Affairs.

NASDVA is comprised of the State Directors of Veterans Affairs for all fifty States, the District of Columbia, and five territories: American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands. Here with me today are – John Scocos, NASDVA Executive Director, and former Secretary of the Wisconsin Department of Veterans Affairs, and Tom Palladino, Executive Director, Texas Veterans Commission and NASDVA Senior Vice President.

States and Territories continue to increase their role as multidimensional service providers to Veterans. The State Departments of Veterans Affairs (SDVAs) promote "whole-of-state" approaches making State government efficient, effective, and customer focused. Second only to the U.S. Department of Veterans Affairs (VA) in providing services, SDVAs are service providers, service coordinators, connectors, and conveners creating an expanding hub at the intersection of local communities and the federal government. Our mission includes advocating for all our nation's Veterans, their family members, and survivors, to access earned federal and state benefits. The State Departments of Veteran Affairs (SDVAs) advocate for Veterans' access to VA Healthcare (including mental health); filing disability claims and appeals on behalf of Veterans; administering and operating State Veterans Homes and Veteran Cemeteries; connecting women, minority, LGBTQ and rural Veterans to needed services; and acting as the State Approving Agency for GI Bill use. Beyond these core missions, the role of SDVAs continues to grow. State Departments of Veterans Affairs are being asked to serve as "one stop shops" to coordinate, connect, and convene teams to address veteran employment, economic empowerment, and whole health and wellness. To be successful, States will need to tighten the linkages with the USDVA,

their fellow State agencies, and their local communities.

Examples of these linkages in action include SDVA support for the establishment and operation of Veteran Treatment Courts; support for local community efforts to end and prevent Veteran Homelessness; the awarding of grants to local governments and non-profit organizations that provide assistance to Veterans; and assist service members with transition and employment services. SDVAs often serve in helping Veterans in ways that may not fit into any established program. To this end, SDVAs are well positioned and often have the capacity to assist the VA in the development and deployment of new programs and initiatives. Despite constrained State budgets, States collectively contribute over $10 billion each year in service to our nation's Veterans and their families. NASDVA, through its Member States and Territories, is the single organization outside of the VA that serves all of America's nearly 20 million Veterans.[1]

Given that SDVAs are tasked and held accountable by our respective Governors, State Boards or Commissions, we are well positioned to deliver efficient, effective, and veteran focused services. SDVAs are responsible for addressing the needs of our Veterans irrespective of age, gender, era of service, military branch or circumstance of service. State Directors and their staffs are confronted with unique situations in caring for all Veterans and their families on a daily basis and coordinated at the local level. However, SDVAs cannot do this important work alone.

USDVA – NASDVA PARTNERSHIP

The formal partnership between USDVA and NASDVA continues to yield positive results for our Veterans across the nation. Since NASDVA's incorporation in 1946, there has been a long-standing government-to-government cooperative relationship. This relationship was formalized through a Memorandum of Agreement (MOA) between USDVA and NASDVA originally signed

[1] Veteran population estimate, as of September 30, 2018 (VetPop 2016) 19,508,946. See FY 2018 GDX available: https://www.va.gov/vetdata/Expenditures.asp

in 2012 and updated on February 25, 2019 between VA Secretary Robert Wilkie and NASDVA President Lourdes E. Alvarado-Ramos. The MOA established the "Abraham Lincoln Pillars of Excellence" award to recognize best practices from NASDVA members that developed effective programs. For 2020, the seventh year of program awards, the VA Secretary presented seven awards to the following states: Alaska, Maine, Michigan, Minnesota, New Mexico, New York, and Wisconsin. These States demonstrated best practices to address: Customer Experience with VA Benefits and Services, Eliminating the Claims and Appeals Backlog, Eliminating Veteran Homelessness, Suicide Awareness and Prevention, and Innovative State Programs (to include Tribal Programs). For 2021, NASDVA intends to focus on and recognize excellence in effective programs to address: Customer Experience with VA Benefits and Services, Eliminating the Claims and Appeals Backlog, Eliminating Veteran Homelessness, Suicide Awareness and Prevention, and Innovative State Programs (to include Tribal Programs).

VA FUNDING

Congress' work to improve overall funding for healthcare, claims and appeals processing, cemetery operations, and homeless Veterans' programs is vital to meet the needs of a new generation of Veterans who require extensive medical and behavioral care and transition to our communities. While there is significant focus on our returning service members, we must continue the critical work of serving all Veterans, especially the large cohort of aging Veterans. Full Congressional support of the President's FY 2021 VA budget request is vital to meet the growing needs of Veterans to fulfill the VA's mission. NASDVA is committed to working with Congressional and VA leaders to ensure scarce resources are allocated to priorities that will meet our Veterans' most pressing needs in an efficient, effective, and veteran focused manner. As the VA continues its transformation journey, NASDVA supports a continuation of new initiatives, relentless vigilance in ensuring effective and efficient program execution, and a continued focus to

deploy resources where Veterans can best be served.

U.S. CENSUS AND VETERAN STATISTICS

Understanding the market is critical to effective and efficient service delivery. Census data drives the predictive models that assist both VA and SDVAs to better serve our veterans. For example, in Nebraska, the State I know best, we have received State funding to expand services at our Eastern Nebraska Veterans Home in part to the predicted growth of the veteran population in Sarpy County identified in the VA's population models. States leverage these models and data to make informed budget decisions. For States with constitutionally mandated balanced budgets, timely, accurate, and predictive information is vital for providing efficient and effective service. NASDVA urges Congress and VA to continue to work with the US Census to obtain military service information and demographic data.

VETERANS HEALTHCARE BENEFITS AND SERVICES

NASDVA supports the continued implementation of the provisions of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (The MISSION Act). Given the demographic and geographic diversity of U.S. States and Territories, NASDVA recommends authorization and funding based on a veteran-centric approach. The Veterans Health Administration (VHA) is a comprehensive healthcare system that provides, the full spectrum of care for our Nation's Veterans; in many cases, care that is provided nowhere else. VA also conducts extensive research and training that benefits our country writ large. Future plans for Veterans' healthcare must allow VA management flexibility, perhaps at the regional Health Care System level, that emphasizes an integrated (VA and Non-VA) and flexible care model. A proper mix of simplified care delivery should be based on Veterans' needs, location, accessibility, and availability of services. Decisions for care within VA or in the community should be determined

by the Veteran and his/her provider.

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 (VAMCs) 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 behavioral health, rural Veterans, Military Sexual Trauma and women Veterans' health issues.

NASDVA's priorities for the care of our Veterans are consistent with those of the VA, especially in the area of behavioral health and suicide prevention. While the VA has made commendable progress on suicide prevention, there is still much work to be done given that the rate of suicide is 2 times higher for veterans than it is for non-veterans according to a 2019 GAO report.[2] Additionally, as noted in the VA's 2019 Veteran Suicide Prevention Annual Report "after adjusting for age, the 2017 rate of suicide among women Veterans was 2.2 times the rate among non-Veteran women."[3] It is critical that SDVAs work with the VA healthcare system to address this high priority clinical issue. NASDVA proposes the creation of "outreach grants" from the USDVA to SDVAs. These grants could potentially address shortfalls and needed improvements in suicide prevention and awareness outreach.[4] Arguably, states are in a better position and closer to vulnerable veterans that need help. 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. In short, NASDVA supports an "all of the above" strategy for health care delivery which recognizes the diversity, geography, and

[2] GAO-19-66. VA Suicide Prevention Media Outreach. Available: https://www.gao.gov/assets/700/695485.pdf
[3] 2019 National Veteran Suicide Prevention Annual Report, Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs. Available: https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf
[4] GAO-19-66. VA Suicide Prevention Media Outreach. Available: https://www.gao.gov/assets/700/695485.pdf

demographic makeup of today's Veterans.

It is imperative that VA, specifically VHA, receives the funding required to care for Veterans who are enrolled today. While the number of Veterans is decreasing, the complexity of their care is increasing. VHA must have the resources necessary to recruit and retain doctors, nurses, and other professional staff. A policy of wholesale privatization or contracting outside a Veteran-centric environment, may diminish VA experience. Recognizing that under some circumstances it is certainly necessary and appropriate for Veterans to receive care at facilities and providers outside VA, reimbursements for service/care must be prompt and meet industry standards. Slow payments discourage providers to participate in providing care to our Veterans.

Telehealth services are mission critical to the service delivery of VA healthcare and NASDVA applauds the VA as a world leader in this practice. Telehealth is particularly critical to rural Veterans in States like Kansas, Montana, Texas, and Nebraska when just in time access to mental health services is not available or when they have to travel long distances to see a provider. SDVAs can play an important role in connecting rural Veterans to telehealth. Through federal funding, SDVAs can provide outreach and connect our most vulnerable Veterans to life saving programs. This outreach effort will help close the gap in access to mental health care in rural, American Indian/Alaska Native and other underserved minority communities.

To meet the demands of the 21st century Veteran, we are also prepared to assist VA as they develop and deploy the Electronic Health Record (EHR). This complex, multibillion dollar modernization program is essential for the care of Veterans in the future. This time, failure is not an option and the States are positioned to advocate, promote and provide VA with timely feedback for the success of this mission.

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 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 158 operational SVHs 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 needed 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.

NASDVA also has concerns about behavioral health and the future incidence of Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and other conditions in the aging Veteran population. While there are 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 has 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. SVHs and VA Community Living Centers are unable to serve care intensive psychiatric patients; therefore, VA can't turn over hospital psychiatric beds because of a lack of community psychiatric step-down capacity. This level of care is critically needed in our States.

NASDVA and NASVH support a continued commitment to the significant funding of the State Veterans Home Construction Grand Program as demonstrated last year. It is important to the veterans we serve 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. In its FY 2021 budget proposal, VA is requesting $90 million for Grants for State Extended Care Facilities.[5] NASDVA strongly supports increasing funding to at least $135 million.

Both VA and our State Veterans Homes (SVH) are experiencing healthcare provider shortages. These shortages are projected to continue for the next 15 years 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.

Regarding implementation of the Electronic Health Record, our State Veterans Homes with 30,000 beds across the nation, should have access to the system. In the past, select facilities have had read only access. Full access, as planned for community clinics and providers will allow facility health care providers to seamlessly coordinate the care of our Veterans.

NASDVA continues to recommend that VA, in consultation with 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 or independent living for Veterans unable to thrive in the community and Skilled Nursing care. The Domiciliary rate does

[5] Department of Veterans Affairs, Budget In Brief, 2021. Available: https://www.va.gov/budget/docs/summary/fy2021VAbudgetInBrief.pdf

not cover the cost of caring for this higher level of care. NASDVA (and NASVH) will be asking VA to collaborate on this critical effort and ensure that Veterans have options, especially when unable to age at home. Finally, NASDVA, in consultation with NASVH, supports H.R. 4138, the "State Veterans Home Inspection Simplification Act." While this Act has been referred to the Committee on Ways and Means Subcommittee on Health, this Committee should carefully consider the positive impacts of efficient, effective, and customer focused government.

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 State 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 611,073 in March 2013.[6] While the backlog is currently much smaller at 69,933 (as of December 2019) one should also recognize the number of claims on appeal. VA should continue to focus resources on continuing to reduce the backlog while working with SDVAs. Recognizing that there is a wide range in the resources available in individual States, NASDVA recommends serious consideration

[6] Veterans Benefits Administration Reports, Claims Backlog. Available: https://www.benefits.va.gov/reports/mmwr_va_claims_backlog.asp

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.

Additionally, the VBA should review its metrics and incentives. In theory, State Service Officers have 48 hours to review claims for accuracy and potentially prevent a need for an appeal. In practice, the VBA is "pushing" claims through in less than 48 hours in order to improve "the flow." While it is admirable for the VBA to be timely, an accurate claim that alleviates a need for an appeal is arguably better than a claim rushed in error. VBA can and should ensure that its management of claims processing is veteran-centric. NASDVA advocates reforming the VA administrative appeals process to streamline VBA appeal procedures and decisions and allow for seamless transition to and enable decisions in the Board of Veterans Appeals (BVA). By placing significant focus on the process within VBA (Regional Offices) prior to appeals being sent to BVA, due diligence and due process (in favor of the Veteran) can be maintained while creating an environment where appeals requiring VBA or BVA adjudication can be decided on the merits of the original claim; in a timely manner. In addition, while transforming to a streamlined appeals process which is more efficient and less costly for taxpayers, VA will need (and NASDVA supports) a short-term funding increase to be able to resolve the inventory of appeals that are pending in the current system. As the "front line" providers of Veterans' claims service and representation, NASDVA is ideally positioned to work with VBA and BVA to assist in reforming and transforming the appeals process.

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, Veterans Service Organizations (VSOs) and Congressional staffs to develop a product that will change a system that was failing our Veterans. NASDVA commends Congress for passing legislation leading to appeals modernization, which reduces backlog and creates a more informed Veterans experience.

State Approving Agencies (SAA) function in nearly all States to monitor and approve educational institutions for receipt of Veterans' education benefits. SAAs assess and approve educational institutions and training programs for GI Bill education benefits. Twenty-six SAAs are in State Departments of Veteran Affairs. As a part of this effort, NASDVA 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 SAAs' 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 SAAs 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.

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 141 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 number one goal of "increasing access to a burial option in a National or State Veterans cemetery" and by FY 2021 provide burial services to 95% of all Veterans within in a 75-mile radius of their home. There are currently 115 VCGP cemeteries located in 48 States, Guam, Saipan, the Commonwealth of Puerto Rico and thirteen (13) operational tribal cemeteries. In fact, these cemeteries provided over 39,000 interments in FY 2019, which is approximately 22% of the total interments by both NCA and VCGP cemeteries.

We recommend the FY 2021 construction grant program budget be increased to at least $60M comprised of $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 some 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 standard of excellence 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 pilots the feasibility of weekend interments, the budget impact cannot be an unfunded mandate for neither VA nor the States. The operational cost for State Veterans Cemeteries depends on the plot allowance for Veterans. There is no plot allowance for the interment of family members. NASDVA recommends that Congress appropriates funds to increase the plot allowance. This would assist the States to maintain parity with National Cemeteries.

Finally, NASDVA supports the passage of S.2096 which would authorize the VA to fund the travel cost for State and Tribal Cemetery personnel to attend training at the NCA training center in St. Louis. We hope the House will take action on this measure and appreciate the Senate's approval on December 19, 2019.

WOMEN VETERANS

Women now comprise nearly 20% of the Armed Forces and assume roles in nearly all military occupational specialties.[7] The elimination of the combat exclusion rule by the Department of Defense in 2016 means that women will fill 100% of occupational specialties soon. There are

[7] Office of the Under Secretary of Defense, Personnel and Readiness. Population Representation in the Military Services: Fiscal Year 2017 Summary Report. Published in 2018. Accessed Jan 2, 2020. http://www.cna.org/research/pop-rep

several areas NASDVA believes VA can work on to close gaps in service, ensure continuity of care, and address the needs of women Veterans.

Veterans are impacted by the provider shortage for the delivery of gender and transgender specific healthcare. In addition, we understand the VA priorities include addressing needs of victims of Military Sexual Trauma (MST) to include those who served in the National Guard and Reserve. Due to an 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. As well, work must continue on the reconciliation of MST claims for PTSD recommended in the U.S. Department of Veterans Affairs Office of Inspector General Report #17-05248-241, dated 21 August, 2018.[8] Of note, one of the "factors leading to the improper processing and denial of MST-related claims" was the implementation of the National Work Queue resulting in a "lack of specialization" for claims requiring special handling.[9]

Additional gender specific healthcare includes infertility care. NASDVA advocates progressive support for veterans with infertility issues caused by illness or injury while serving in a military capacity. VHA must also ensure that Women Veterans have access to and receive in a timely manner, high quality, gender specific and individualized prosthetic care that will allow them to improve their quality of life.

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 to ensure Veterans receive care commensurate with the population. As noted early, the need for census data is critical for this type

[8] U.S. Department of Veterans Affairs, Office of the Inspector General. "Denied Posttraumatic Stress Disorder Claims Related to Military Sexual Trauma." August 21, 2018. Available: https://www.va.gov/oig/pubs/VAOIG-17-05248-241.pdf
[9] Ibid, page 3.

of effort.

The largest 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 the true numbers of this emerging population are underrepresented due to prescribed models of addressing homelessness. For example, a victim of domestic violence fleeing an abuser and living with a friend is not considered homeless. NASDVA recommends, and will work with VA and HUD to allow flexibility in their definition of homelessness and revitalize transitional housing models to better serve women Veterans especially those with children.

NASDVA continues to advocate for passage of HR 95, the Homeless Veterans Families Act, which was passed in the House in October and received and referred to the Senate. Currently, the VA does not have the authority to provide the reimbursement for the costs of services for minor children of homeless Veterans. This issue disproportionally impacts women Veterans as women bear the primary responsibility of child raising. A GAO report found that this inequity led to financial disincentive for housing providers and in turn, limits housing for veterans with young children. HR 95 would eliminate this issue by allowing VA to reimburse providers for 50 percent of the costs of housing minor dependents of homeless Veterans when the Veterans receives services from the grant recipient.

Homeless Veterans consistently identify childcare as a top unmet need. The cost is a common barrier for many as they try to seek employment and healthcare. As noted earlier, women Veterans are more likely to commit suicide than non-veterans.[10] NASDVA recommends that VA develop a mechanism between VHA and VBA to identify at risk veterans at the time a claim is initiated or when a service is requested through the VBA. In short, any seams between VBA and VHA need to be mitigated to identify veterans at risk of committing suicide. NASDVA

[10] 2019 National Veteran Suicide Prevention Annual Report, Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs. Available: https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf

recommends that more efforts through the VA Experience Office be made to support the community efforts to prevent suicide. Data indicates that 70% of the Veterans who take their own lives do not engage with the VA. The community must be supported to take on this monumental task of suicide prevention.

MINORITY VETERANS

Veterans in Island Territories have had significant issues with services due to their isolation. For example, during hurricane catastrophes in Puerto Rico and the Virgin Islands, the VA was one of the only available providers yet category 7 and category 8 veterans were not accepted and thus did not have any viable options 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 SDVSs 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.

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 at the nexus of local communities, 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 Providers Grant and 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, and involvement with the justice system. To eliminate chronic homelessness, we must address the many root causes by providing the necessary mental health and drug treatment programs in conjunction with 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 overburdened 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 costs 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

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 justice involved Veterans become the productive Veterans that they were meant to be. 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. Problem solving courts such as Veterans Treatment Courts can make life altering and society improving transitions as a form of direct help for Veterans.

TRANSITION ASSISTANCE PROGRAM (TAP)

Our organization strongly encourages the most effective transition program possible, to ensure success when a military member leaves military service and returns to civilian life. This is a tremendously important and sometimes stressful time for service members and their families. Service-members are required to attend the Transition Assistance Program (TAP) at their military

installation prior to separation or retirement. TAP is a mandated workshop across all services and all components and primarily delivered by the Department of Defense, Department of Labor and Veterans Affairs, and focuses on benefits, employment and education.

We are very encouraged by changes to the program over the last few years and especially with several elements of the recently passed 2020 National Defense Authorization Act to address transition-related issues, such as updates to the DD Form 214, Certificate of Release or Discharge from Active Duty; the creation of a standard record of service for members of the reserve components; the creation of an online application for the Transition Assistance Program; and the provision for the DoD to connect retiring or separating members from the Armed Forces with community-based organizations and state veterans agencies. We have long advocated for this connection since states are in a unique position to provide separating members with timely, tailored and relevant information to allow them to make the best-informed decisions that they can. We look forward to working with the Department of Defense to implement this provision.

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

SDVAs 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 in many cases by DOL-VETS. States should determine the agency that can best administer, control and fund this critical program. In some states it could be the employment agency, in other states it could be the SDVA or other entity. 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 and the workforce needs of the State.

We commend the continued emphasis on hiring Veterans for federal employment. We are encouraged by the provisions of the National Defense Authorization Act for Fiscal Year 2020 to promote awareness of the provisions and benefits under the Uniformed Services Employment and Re- Employment Rights Act (USERRA), improve the Transition Assistance Program, and connect members retiring or separating from the military with community-based organizations such as SDVAs.

SUPPORTING VETERAN FAMILIES

Veteran families are an important part of the Veteran experience and recovery. NASDVA recognizes the role of families in the Veteran life cycle. The VA, States and Congress, must recognize that the family unit serves and all programs and legislation must consider these unsung heroes. While the VA's Congressional authorization is to serve Veterans, more must be done to include their families and ensure their emotional and physical wellness. VA spends billions of dollars to provide care to the Veteran. If the family is not well, the probability for the Veteran to reach his/her highest level of functioning will be compromised resulting in the waste of precious resources.

CONCLUSION

Chairman Moran, Chairman Takano, Ranking Member Tester, Ranking Member Roe, and distinguished members of the committees on Veterans Affairs, 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 have served in uniform. SDVAs serve as an expanding hub and link to local communities. 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 adequately 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.