NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

Joint Hearing of the House and Senate Veterans' Affairs Committees

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Presented by

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INTRODUCTION

Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost and distinguished members of the Committees on Veterans Affairs, this written testimony is submitted on behalf of the National Association of State Directors of Veterans Affairs (NASDVA). I am the NASDVA President and serve as the Executive Director for the Texas Veterans Commission.

NASDVA is comprised of the State Directors of Veterans Affairs for all fifty (50) States, the District of Columbia, and five (5) territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands). The appointed head of each State/Territory governmental Department/Agency of Veterans Affairs is by constitution a member of NASDVA (established 1946). We are neither a Veteran Service Organization (VSO) nor a Military Service Organization (MSO) membership-based organization.

State Departments of Veterans Affairs (SDVAs) are comprehensive service providers to the nation's 19 million Veterans and their family members. As such, SDVAs serve as the intersection for federal government and local communities and as a nexus for community partners, other State Agencies, local government, and non-profit organizations.

Our purposes are "to foster the effective representation of persons claiming entitlements on account of the honorable military service of any person defined in 38 U.S.C. 101; to provide a medium for the exchange of ideas and information; to facilitate reciprocal State Services; to ensure uniformity, equality, efficiency and effectiveness in providing services to Veterans and their family members in all States and Territories; and maintain an interest in all Veterans' legislation."

State Departments are second only to the U.S. Department of Veterans Affairs (USDVA or VA) in providing services. We perform as service providers, coordinators, connectors, and conveners; in essence, we act as a hub for the Veteran. Our mission includes advocating for all our nation's Veterans

and their family members and survivors to access earned federal and state benefits:

- SDVAs also advocate for Veterans' access to VA healthcare (including mental health),
- filing disability claims and appeals on behalf of Veterans,
- establishing and operating State Veterans Homes and States Veteran Cemeteries,
- connecting women, minority, LGBTQ and rural Veterans to needed services,
- acting as the State Approving Agency for GI Bill use,
- 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,
- help service-members with transition, employment services and economic empowerment.

Beyond these core missions, the role of SDVAs continue to grow and serve as "one-stop shops" to help Veterans in ways that may not fit into established programs. To this end, SDVAs are on the front line near the Veterans where they reside and have the capacity to assist VA in the development and deployment of new programs and initiatives. The combined services provide a much broader connection to all Veterans rather than just to those who are currently enrolled and are using VA services. Despite constrained State budgets in the face of the COVID pandemic, States collectively contribute greater than $10 billion each year in support of Veterans. NASDVA, through its member States and Territories, is the single organization outside of federal VA that serves all Veterans.

State Directors are tasked and held accountable by our respective Governors, State Boards or Commissions and are responsible for addressing the needs of our Veterans irrespective of age, gender, era of service, military branch, or circumstance of service. As such, State Directors and their staffs are confronted with unique situations daily.

USDVA – NASDVA PARTNERSHIP

This relationship between USDVA and NASDVA was formalized through a Memorandum of Agreement (MOA) originally signed in 2012 and updated with Secretary Denis McDonough at the NASDVA Mid-winter Training Conference on February 21, 2022. This 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. We share a common goal to facilitate accessible, timely, and quality care for America's Veterans. This MOA sets forth a framework of intent and cooperation between NASDVA and VA to achieve the following objectives:

1. Support VA priorities and integrate with State-wide programs.
2. Make customer experience a top priority with improved delivery of healthcare and other services provided by VA and the States.
3. Reduction of Veterans suicides and homelessness.
4. Increased direct involvement of State Directors with VA.
5. Increased communications between VA and NASDVA.

The MOA also establishes the "Abraham Lincoln Pillars of Excellence" award that evaluates best practices from NASDVA members that develop effective programs that are worthy of emulating. The Secretary of Veterans Affairs recognizes the recipients at the NASDVA Mid-winter Training Conference.

VA FUNDING

Full congressional support of the President's FY 2022 VA budget request is vital to meet the growing needs of Veterans to fulfill the VA's mission. NASDVA is committed to working with Congress and USDVA 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 particularly with modernization of the Electronic Health Record, NASDVA supports a continuation of new initiatives, careful observation in ensuring effective and efficient program execution, and a continued focus to deploy resources where Veterans can best be served. The House Committee on Veterans Affairs (HVAC) and Senate Committee on Veterans Affairs (SVAC) work is vital to improve overall funding for healthcare, claims and appeals processing, cemetery operations, and homeless Veterans' programs, and to meet the needs of the 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 this work of serving all Veterans, especially the large cohort of aging Veterans.

VETERANS HEALTHCARE BENEFITS AND SERVICES

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 entire country. Plans for realigning capital assets for healthcare delivery 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 based on geographic population models. A proper mix of 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' accessto 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 Community Based Outpatient Clinics (CBOC) and 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 VA. While the VA continues to place emphasis on suicide prevention, there is still much work to be done given that the rate of suicide is still too high. It is critical that SDVAs work with the VA healthcare system to address this high priority clinical and social issue. NASDVA proposes the creation of "outreach grants" from the VA to SDVAs. These grants could potentially address shortfalls and needed improvements in suicide prevention and awareness outreach. States are in a better position and closer to vulnerable Veterans that need help. The VA and other government health care networks must be 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 demographic makeup of today's Veterans.

It is imperative that VA, specifically VHA, receives the funding required to care for the over 9 million Veterans who are enrolled while 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. Under some circumstances it is certainly necessary and appropriate for Veterans to receive care at facilities andproviders outside VA. Reimbursements for such service/care must be prompt and meet industry standards. Slow reimbursements for care will discourage providers to participate.

Telehealth services are mission critical to the service delivery of VA healthcare particularly during the pandemic. NASDVA applauds the VA as a world leader in this practice. Telehealth is

particularly critical to rural and highly rural Veterans when timely access to mental health services is not available or when they must travel long distances to see a provider. SDVAs can play an important role in connecting these Veterans to telehealth. With 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 areas, American Indian/Alaska Native lands, and other underserved minority communities.

To meet the demands of the 21st century Veteran, we are also prepared to assist VA as they develop, evaluate the performance, 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 large and comprehensive electronic modernization.

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 53% of total VA long-term care (one of the largest nursing home systems in the nation) and is a cost-efficient partnership between federal and state governments. SVHs are the largest provider of long-term care to America's Veterans through 160 operational SVHs (nursing homes), 51 Domiciliary Homes and 3 Adult Day Care Facilities in 50 States and the Commonwealth of Puerto Rico. These homes provide a vital service to elderly and severely disabledVeterans with over 25,000 skilled nursing beds, over 5,200 domiciliary beds, and 109 adult-day health care services.

SVHs, as well as VA, are experiencing serious healthcare provider shortages and it is becoming critical for homes to maintain capacity of care. Resident census cannot often be maintained because of staff shortages. Vulnerable Veterans in need of care are being denied access because of insufficient staff

to meet the required CMS/VA contact ratios. The national competition for providers is presenting an untenable situation, which is exacerbated by burnout among nursing professionals from the rigors of care during the COVID-19 pandemic. These shortages are projected to continue for the next decade. It is imperative that SDVAs and VA continue recruitment and retention efforts to have the quality and quantity of providers to care for eligible Veterans.

NASDVA and the National Association of State Veteran Homes (NASVH) have actively advocated for the principle that Veterans in our nursing 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 required 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 SVHs 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 disabled) must be maintained and codified in future legislation. Furthermore, care must be taken to ensure Veterans are able to use VA for services and specialty care not traditionally part of nursing home operations.

NASDVA also has concerns about behavioral health and the future incidences 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 can be 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. 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 SVHs 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 intensive care psychiatric patients; therefore, VA cannot 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 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 three levels of care: Skilled Nursing Care, Domiciliary or Adult Day Health Care. The Domiciliary rate does not cover the cost of caring for this 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.

With implementation of the Electronic Health Record, our State Veterans Homes with over 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 SVHs health care providers to seamlessly coordinate the care of our Veterans.

NASDVA and NASVH support a continued commitment to the significant funding of the State Veterans Home Construction Grant Program. It is important to the Veterans we serve to keep the existing backlog of projects in the Grant Program at a manageable level to assure life safety upgrades and new construction. In the budget proposal, VA is requesting $90 million for SVH grants. NASDVA and NASVH encourages full funding support for the priority one projects, which is estimated to be approximately $500 million.

VETERANS BENEFITS SERVICES

SDVAs 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 Benefits Administration (VBA).

NASDVA applauds VA's efforts to overhaul its disability claims process administered by VBA. NASDVA remains concerned that there is a backlog and focus must be kept on adjudicating claims in a timely manner and committing resources 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 to making federal funding available to States for outreach and to assist with efforts "on the ground" to further reduce the backlog and maintain progress on expediting existing and new claims.

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 multi-state team joined VA, Veterans Service Organizations (VSOs) and Congressional staffs to process that resulted in the Appeals Modernization Act (AMA). AMA allows for Veterans and their advocates to have more choice in their review and appeals process. An unexpected result has been an increase in Veterans choosing hearings at the Board of Veterans Appeals (BVA). Chairman Cheryl Mason has attacked the growing number of pending hearings by establishing a virtual option, which increased the overall number of hearings held. However, the BVA still uses manual processes to in take the appeal, schedule hearings, and the dispatch of a decision. BVA requires additional resources to improve their information technology systems. NASDVA supports BVA's request for increase funding to automate their processes, which will result in an increased number of timely board decisions.

Additionally, the VA should offer expanded virtual and in person training opportunities to accredited service officers to improve the "inputs" (e.g., changes to forms, updated processes, and/or new policies) to the benefits systems. These opportunities should be at the national level and at the

regional office level. Additionally, as claims are processed through the National Work Que (NWQ) to better distribute caseloads, personnel staffing the VSO/CVSO Helpdesk Line need to have increased understanding of claims and access to the claim to better assist VSO/CVSOs calling for assistance. Increased training opportunities and increased support from the Helpdesk Line will support a more efficient claims process.

Given the claims backlog and number of claims on appeal, 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. Beyond funding, the VA should offer more virtual training to accredited service officers to improve the "inputs" (changes to forms, processes, or policies) to the benefits systems.

STATE APPROVING AGENCIES

State Approving Agencies (SAA) operate in all states and are responsible for the approval and oversight of programs offered by Post-secondary Institutions that wish to provide for the use of GI Bill educational benefits. Twenty-six SAAs operate under their SDVAs, while the remainder operate within a State's Department of Education, or other State agency. NASDVA has entered a formal Memorandum of Understanding with the National Association of State Approving Agencies (NASAA) to support NASAA's efforts to promote and safeguard quality education and training programs for all Veterans.

Currently, all SAAs are funded through contract with the VA. Since the passage of the Post 9-11 GI Bill, the role of the SAAs and the associated contractual requirements have expanded significantly. The increase in their role comes with added responsibilities, making it increasingly difficult for SAAs to meet their contractual requirements as well as protect the Veteran educational benefits in their State

from waste, fraud, and abuse.

Through close collaboration with our NASAA partners, NASDVA has identified three priorities:

1. Cooperative Agreements, NASDVA requests that Congress initiate a formal review of the Allocation and Funding Model that directs the distribution of contract dollars to the SAAs. The VA review should be transparent and include both NASDVA and NASAA representatives. It should also provide the opportunity for information sharing and feedback to better understand the practical application of the model. The federal appropriation that supports the SAA's contracts has remained stagnant for several years although State costs to support the program have increased annually. NASDVA requests a fiscal analysis to ascertain the current state administrative cost requirements to effectively fulfill the contractual obligations.

2. Regulation Promulgation, several significant pieces of legislation have been enacted over the past few years that provide necessary protections for Veterans and their earned educational benefits, including the Colmery Act and the Isakson and Roe Act. NASDVA requests that Congress ensures the timely and effective implementation of these invaluable pieces of legislation through the promulgation of regulations by VA. It is imperative that Title 38 reflect these new laws, thereby providing the SAAs the necessary authorities to review institutional programs and conduct oversight procedures more effectively.

3. SAA Authority, NASDVA requests that language be added to U.S.C. 3696 that provides the SAAs the authority to restrict an institution that has had their approval revoked "for cause" from immediately re-applying or applying for approval in another State. For example, if an institution has engaged in deceptive advertising, or unlawful recruiting practices, the SAA may immediately revoke their approval. There is no statutory timeframe established that restricts an institution from immediately reapplying. The school will often reapply the next day, or in the case where a State has a law in place to address this

issue, the institution will shop other States for approval, effectively avoiding the intended protections of U.S.C. 3696.

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 155 national cemeteries in 42 states and Puerto Rico 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 provide burial services to over 95% of all Veterans within in a 75-mile radius of their home. There are currently 119 VCGP cemeteries located in 48 States, Guam, Saipan, the Commonwealth of Puerto Rico and 13 operational tribal cemeteries and 2 cemeteries under construction in Ardmore, Oklahoma, and a tribal cemetery in Metiakia, Alaska. In fact, these cemeteries provided over 45,500 interments in FY 2021, which is approximately one-fourth of the total interments by both NCA and VCGP cemeteries.

We recommend that the construction grant program budget be increased to $60M. 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-fundedState and Tribal Veterans' cemeteries to achieve National Shrine Standards. The operational cost for State Veterans Cemeteries depends on the plot allowance for Veterans but there is no plot allowance for the interment of family members. NASDVA recommends that Congress authorize and appropriate funds to provide a plot

allowance for family members or increase the level of plot allowance for Veterans. Either increase in funding would help to offset the operational cost in burials for family members and would allow the States to not charge family members and maintain parity with the National Cemeteries. Additionally, there is no plot allowance for Veterans buried in Tribal cemeteries, which adversely affects their ability to maintain their cemeteries and is an inherent inequity compared to the State cemeteries. This too needs funding authorization and appropriation to correct.

WOMEN VETERANS

Women now comprise nearly 20% of the Armed Forces and assume roles in nearly all military occupational specialties and is the fastest growing Veteran cohort. Elimination of the Department of Defense (DoD) combat exclusion rule means more women will fill the full array of military occupational specialties. There are several areas NASDVA believes VA can work on to close gaps in service, ensure continuity of care, and better address the needs of Women Veterans.

Women Veterans are impacted by the provider shortage for the delivery of gender 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. Work must continue the reconciliation of MST claims for PTSD recommended by the VA Inspector General. 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.

Additional gender specific healthcare includes infertility care. NASDVA advocates progressive support for Veterans with infertility issues caused by illness or injury while serving in the

military. 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.

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 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.

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.

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, WomenVeterans are more likely to commit suicide than non-Veterans. 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 coordination gaps between VBA and VHA need to be mitigated to identify veterans at risk of committing suicide. NASDVA 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 ownlives do not engage with VA. This access issue can be improved. The entire Veterans community must take on the critical task of suicide prevention.

MINORITY VETERANS

NASDAVA fully supports VA's Diversity, Equity, and Inclusion (DE&I) efforts in ensuring all Veterans receive their earned benefits and services. Likewise, NASDVA applauds VA for elevating the DE&I issues in VA staffing and care to all Veterans. This emphasis will make a difference throughout both VA and SDVAs. Even though intuitional changes will be hard to measure they will occur and for the better. Since Veterans have served in integrated and cohesive units, they also need to receive benefits and serves in an all-inclusive manner from VA and SDVAs. Any attitudes against this effort regardless of how minor must be stamped out.

NASDVA also supports VA to consider identifying and resolving overlooked Veteran challenges and issues for other unique groups. 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, theVA 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 SDVAs do not have the capacity to provide services consistently. We commend VA for the recent rule changes that allow SDVAs to accredit Tribal Veterans Representatives (TVR) 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 both physical and mental, 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 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 root causes. They need to receive attention and action 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 budgets. 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 Veterans Affairs Supportive Housing (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 cover most of the cost of affordable housing. NASDVA recommends that vouchers be tied to local markets to ensure they can support Veterans 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.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 VA 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 and support Veterans Treatment Courts (VTC). After discharge, some Veterans suffer from mental conditions 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 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. VTCs are problem solving courts that through direct supervision can help make life altering and positive societal transitions 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.

NASDVA supports the changes to the program over the last few years and especially with initiatives to address transition-related issues, such as including contact information on the electronic DD Form 214. The creation of a standard record of service for members of the reserve components; the creation of an online application for the TAP; and the provision for the DoD to connect retiring or separating members from the Armed Forces with community-based organizations and SDVAs. NASDVA has long advocated for this connection since States are in a unique position to provide separating members with critical information to access the benefits and services to meet their needs. However, we need a closer partnership with all the federal agencies who are part of the TAP.

TAP is a cooperative effort among DoD, DoL, VA, Education, Homeland Security, SBA,

and OPM. However, there is no mandate to include the SDVAs in the TAP curriculum. It is a significant challenge for Transitioning Service Members (TSM) to connect with the State benefits and services available to them. Likewise, it is extremely difficult for SDVAs to make them aware of these benefits and services. This lack of connectivity between TSMs and SDVAs contributes to their significant barriers to employment and increases their mental stress associated with their transition. NASDVA recommends that all SDVAs be included in the TAP at military installations in their State and be allowed to connect with TSMs who are moving to their State prior to separation. Additionally, NASDVA recommends that TSM contact data in the Defense Manpower Data Center (DMDC) be available to SDVAs longer than the current 45-day time limit.

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 Jobsfor 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 work force needs of the State. NASDVA commends the continued emphasis on hiring Veterans for federal employment and the awareness of the provisions and benefits under the Uniformed Services Employment and Re- Employment Rights Act (USERRA), the Transition Assistance Program, and the efforts to connect members retiring or

separating from the military with SDVAs and community-based organizations.

SUPPORTING VETERAN FAMILIES

Veteran families are an important part of the Veteran's transition and continued experience. NASDVArecognizes the important role of families in the Veteran life cycle. 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 but 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 Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, and distinguished members of the Committees on Veterans Affairs, we respect the important work that you have done and continue to do to improve the well-being of all Veterans. I emphasize again, that we are "government-to-government" partners and are second only to VA in delivery of benefits and services to those who have served our great country. SDVAs serve as an expanding hub and link to local communities where the Veteran resides. This opportunity for submitting a written testimony 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 challenges we overcome today become the foundation of our promise to serve those who have borne the battle and for their families and survivors, and our commitment to the nation's future Veterans.