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

Mr. Chairman and distinguished members of the committee, my name is Randy Reeves, Executive Director, Mississippi Veterans Affairs Board and President of the National Association of State Directors of Veterans Affairs (NASDVA). 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. I am honored to present the collaborative views of our association. Here with me today is General Les Beavers – NASDVA Executive Director, and former Commissioner of the Kentucky Department of Veterans Affairs.

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 nearly $10 billion each year in support of our nation's Veterans and their families, even in the face of constrained budgets. Our mission includes advocating for all our nation's Veterans, their family members, and survivors to obtain all the federal and State benefits they have earned. The State Departments of Veteran Affairs (SDVA) 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 Veteran Homes and Veteran Cemeteries; advocating for Veterans' access to VA Healthcare including Mental Health; connecting women, minority, and rural Veterans to needed services; working with local communities to end and prevent Veteran Homelessness; supporting State Veteran Treatment Courts; awarding grants to local government and non-profit organizations who provide assistance to Veterans; and assisting transitioning Veterans with 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 with our Nation's Veterans than just those who are currently enrolled and utilizing VA services. <u>NASDVA, through its Member States and Territories, is the single organization that represents and serves all of America's nearly 21 million Veterans.</u>

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

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, which often need to be addressed in an urgent manner. 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 "State-federal" cooperative relationship. The relationship became a more formalized partnership through the formal MOA between USDVA and NASDVA, originally signed in 2012 and updated and signed on 27 February 2016 with Secretary David Shulkin and NASDVA President Randy Reeves.

Through that MOA, an "Abraham Lincoln Pillars of Excellence" Award was established to recognize best practices from NASDVA members that have developed effective programs to address four top-line issues: improve Veterans' experience, improve access to healthcare and services, improve claims and appeals processing and innovative State programs. For 2017, the fourth year of program awards, 12 States submitted "best practices" for evaluation and VA Secretary David Shulkin presented awards to five of them highlighting the outstanding contribution States are making for our Nation's Veterans.

FUNDING FOR VA

NASDVA appreciates Congress' support to improve overall funding for health care, cemetery operations, homeless Veterans' programs, and claims processing. We continue to serve a new generation of Veterans, from well over a decade of war who must receive medical care, establishment of benefits and needed assistance transitioning to civilian life after their dedicated service. While focusing on our returning service members, we must also not lose sight of the continued needs of our Veterans from all periods of service.

NASDVA encourages adequate funding by Congress in fiscal year 2018 for VA, which will provide much needed resources to deliver services for the growing population of transitioning Veterans and addressing VA's priorities: extend and improve the Veterans Access, Choice and Accountability Act past August 2017; accelerate VBA claims performance in reducing the backlog, implementing appeals modernization; reducing the Veteran suicide rate; infrastructure improvements and consolidations; VA/DOD/Federal coordination; Electronic Medical Records interoperability and modernization; and enhance VA foundational services.

If VA is to continue increasing Veterans' access to benefits, care and services and sustain progress on critical initiatives such as the disability claims and appeals backlog and ending Veterans' homelessness, attention must be given to properly prioritizing discretionary funding. Funding details and individual programs must receive the highest level of transparency, accountability and, most importantly, input from those most affected by the programs intended to benefit them; our Nation's Veterans. To that end, NASDVA is committed to working in collaboration with VA (through long standing relationship and official Memorandum of Agreement) and Congressional leaders to help ensure emphasis will be placed on funding priorities that will best serve the most critical needs of our Veterans.

As VA moves forward and continues with the MyVA transformation initiative, attention must be given to program funding and how that funding relates to actual outcomes in terms of better serving Veterans while enhancing their VA experience. MyVA has been (and continues to be) a major undertaking and has yielded positive results for our Veterans. NASDVA supports a

robust continuation of MyVA and we must remain vigilant to ensure program execution continues to put resources where Veterans can be best served. NASDVA strongly urges increased emphasis and focus of MyVA resources to increase outreach and advocacy for our Veterans.

VETERANS HEALTHCARE BENEFITS AND SERVICES

NASDVA has substantial concerns about any future plan that may seek to effect complete privatization of Veterans Healthcare and we are heartened that the Secretary of Veterans Affairs has committed to preserving the VA's healthcare system. The Veterans Health Administration 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 and availability and accessibility of services.

State Directors fully support efforts to increase Veterans' access to VA Healthcare. This includes the continued involvement of SDVA's 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 are also keenly aware that there is much work still to be done.

NASDVA has identified priorities for the care of our Veterans that are generally consistent with those of VA. These are: continuation, expansion and improvement of the "Choice" 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 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. Use of Choice and how it may affect our Veterans needs continuing improvement. In actual practice, as "payer of last resort", Choice many times results in significant out of pocket costs to Veterans and families whose Priority 1 status (for healthcare) is intended to cover the full cost of the individual's care. Additionally, one (of many) areas that needs to be changed is elimination of the 40/30 rule for using Choice. Action must be taken expeditiously to streamline and combine, when appropriate, Choice and other existing Purchased Care Programs to enhance true access to care for our Veterans. Much care must be given to not creating additional unintended consequences that could hamper delivery of quality healthcare to our Veterans; regardless of delivery mode or model to include the wholesale privatization of VA healthcare.

NASDVA supports changes to the Veterans Choice Program, including the establishment of a single set of eligibility criteria for private community to a VA primary care provider (PCP); expanding access to emergency treatment and urgent care; simplifying the referral and authorization system; and improving the claims, billing and reimbursement processes. The VA and other government health care networks should serve as the core for providing health care services and a large external network of commercial and preferred providers should be expanded to provide both primary care specialty services. Additionally, NASDVA urges inclusion of health coverage including gynecological and Military Sexual Trauma (MST) medical care for women Veterans.

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, to name a few. 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 continues to be placed on hiring and retaining qualified behavioral health professionals in the Veterans Health Administration (VHA) nation-wide and that VA works with the States 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 prevent and/or 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 in uniform.

It is imperative that VA, and specifically VHA, receive the funding required to care for Veterans who are enrolled today and also to care for those who, because of more severe injuries or conditions, require increased levels and duration of care. VA must have the resources and budget necessary for more doctors, nurses, therapists, technicians and possible facility expansion. When this specialized care is not available, we support contracting; however we should not rely on sending Veterans to outside doctors and facilities as a permanent solution. 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 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, payment (to providers) for service/care must be expeditious and meet (and exceed) industry standard(s) if we are to reasonably expect providers to participate in providing care to our Veterans. Slow payment (sometimes to the detriment of care and individual Veterans) continues 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 to Veterans, particularly those living in rural areas, with rapid access to mental health services where local barriers exist. Any barriers (statutory or regulatory) that exist and impede delivery of telehealth services (particularly across State lines) to Veterans must be removed. VA uses health informatics, disease management, care and case management and Telehealth technologies to facilitate access to care and improve the health of Veterans. SDVAs can be an invaluable partner in connecting particularly rural Veterans to telehealth. Through federal funding, SDVA's could increase their outreach capacity

and connect our most vulnerable Veterans to life saving programs through telehealth. This expanded effort will help close the gap in access to mental health care, in particular, in those traditionally underserved communities.

STATE VETERANS HOMES

The State Veterans Home (SVH) Program is the largest and most important partnership between SDVA's and VA. SVH's provide over 51% of total VA long-term care and is a cost-efficient partnership between federal and State governments. SVH's are the largest provider of long-term care to America's Veterans, providing a vital service to elderly and disabled Veterans with skilled nursing, domiciliary, and adult-day health care services. There are 153 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 VA community contract nursing homes. Both national associations have been engaged with Congress to demonstrate program needs and needed level of funding support. We have maintained 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. Further, care must be taken to ensure Veterans do not forfeit (under final/future rules) any eligibility for VA benefits and programs for services, prosthetic devices and specialty care that are not routinely provided at the Nursing Home Care level.

In support of NASVH, NASDVA also requests that VA expedite completion and publishing of new rules to support Domiciliary Care and Adult Day Health Care (ADHC) in SVH's. Nearly eight years ago VA, in consultation with NASVH, began working on regulations to govern Domiciliary Care and ADHC programs that SVH's are authorized to operate. Without these new regulations, SVH's who have a need to open or expand Domiciliary and/or ADHC programs, are hindered in moving forward. To ensure the needs of all our Veterans are met,

strong consideration (and action) needs to be given to increasing re-imbursement rates for Domiciliary Care and ADHC.

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 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 new-onset 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 conflict and Vietnam-era 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.

VA published, in 2011, a new set of Nursing Home construction guidelines utilizing the "Small House" design concept. The premise is a small amount of rooms (10) configured in a self-standing house. The care, cooking, cleaning, laundry and other operational functions take place in the home. The initial enforcement of the guidelines caused States to increase their initial construction budgets as the model is 20% more expensive to construct and operate. NASDVA acknowledges this is state of the art and a model that departs from the traditional nursing home. We insist, however, that States (who care for the Veterans locally) are in the best position to determine what model/design may be best, considering the Veterans' population/locale being served. One size may not fit all and flexibility is needed. If the "Small House" design concept is best (based on the Veterans' being served) then there must be an equitable increase in the construction and per diem rates to reflect the costs and ensure that SVH can support the model.

VA has traditionally requested $90 Million for construction and our associations 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. In its FY 2018 budget proposal, VA is requesting $200M for the State Veterans Nursing Home Construction Grant Program. 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, at least, 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. We are ensuring our SVH's participate, to the fullest extent possible, in VA grant programs that invest in recruitment and retention of qualified health care staff so that they can also find solutions to this significant shortfall.

Finally, we recommend that VA, in consultation with NASDVA and NASVH, begins an evaluation process to implement Assisted Living in close collaboration with NASDVA and NASVH. Currently there are only two levels of care: independent living (domiciliary) and skilled nursing care and nothing between. The Domiciliary rate does not cover the cost of caring for this higher level of care. We will welcome the invitation from VA to contribute to this critical effort and ensure that Veterans have options, especially when unable to age 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 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 emphasis 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. The backlog is currently 100,000. VA should continue to focus their own resources on continuing to reduce the backlog while working with all our States. Recognizing that there is a wide range in the resources available in individual States, serious consideration needs to be given to making federal funding available to States, where appropriate, to assist with efforts "on the ground" to further reduce the backlog and maintain positive progress on working existing and new claims.

The current Appeals Process is failing our Veterans with an inventory of over 465,000 appeals and at current rates, with no change in process, it is projected the inventory could grow to over two (2) million appeals over the next decade. NASDVA strongly 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.

In 2016 NASDVA worked with VA, National VSO's, Congressional Members and staffs to develop a comprehensive and workable framework that, if implemented, will dramatically improve the appeals process that resulted in bills and language that has wide support and consensus. Every day that appeals reform legislation is not enacted, the appeals backlog continues to grow. NASDVA strongly advocates reforming the appeals process to streamline the VBA appeal procedures and decisions and allow for seamless transition to and decisions in the

BVA. We ask that Congress act now to enact the appeals modernization/reform framework that NASDVA and our National partners developed; for our Veterans.

State Approving Agencies (SAA) function in nearly all States to conduct monitoring and approval of educational institutions for receipt of Veterans' educational benefits that assess and approve educational institutions and training programs in individual States for GI Bill education benefit eligibility. 26 are in State Veterans Affairs agencies. 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 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 SAA's have increased while, in most cases, funding has decreased. Additionally, the funding source for the program is increasingly unstable. Review and revision of the SAA Total Requirement and Allocation Model is desperately needed.

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) is complementary to NCA's 135 national cemeteries and an integral part of NCA's ability to provide burial services for Veterans and their eligible family members, especially those living in rural areas. 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 burials to 95% of all Veterans within in a 75-mile radius of their home. There are currently 105 VCGP cemeteries located in 47 States and two (2) territories (Guam and Saipan), and nine (9) operational tribal cemeteries. In fact, the States and tribal cemeteries provided over 36,000 interments in FY 2016, which is 21.6% of the total interments by both NCA and VCGP cemeteries.

We strongly recommend the FY 2018 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 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 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. It applies similar proven performance metrics, which includes: annual self-assessments, site reviews every 5 years, and annual customer surveys and gravesite assessment reviews. Final results will provide Cemetery Directors with a report detailing overall performance and a National Shrine scorecard.

As NCA considers, through currently ongoing study, the feasibility of certain weekend burials, continued consideration must be given to the effect (in terms of manpower and cost) that will have on States whose budgets are already stretched.

WOMEN AND MINORITY VETERANS

Women Veterans are the fastest growing Veteran population. In a 2016 study published in Nurse Education Today, Authors Mankowski and Everett cite that over the past several decades, this special population has steadily increased. Women now make up 20% of the armed forces and assume roles in approximately 96% of the occupational skills in the military. 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 prepare for the known and inevitable population it is honored to serve. Much like the Vietnam Veterans of America faced seemingly insurmountable challenges to be recognized for their service, Post 9/11 Veterans have benefitted from their struggle and unwillingness to be silenced for their contributions. The VA is undoubtedly better today because of them. And like

those Vietnam Veterans, women Veterans of today will do the same for the women Veterans of tomorrow – the ones we know are coming.

There are four distinct areas we believe the VA could use to close gaps in service, ensure continuity of care, and address tailored needs of this Veteran population:

First, though a known issue, Veterans and administrators continue to identify a shortage in providers that deliver gender specific healthcare. In addition, we understand the VA priorities include addressing needs of both male and female victims of Military Sexual Assault to include those who served in the National Guard and Reserve with no federal activation. Due to the large and increasing volume of Veterans with MST, compatible care and provider alternatives must deliberately be extended to all those Veterans who might otherwise be dissuaded from seeking treatment at the VA.

Second, as the Choice Program is set to expire at the end of fiscal year 2017, the program should be continued and amended to finalize the interim final rule covering assisted reproductive technology for service-related fertility conditions.

Third, 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. For example, in Corpus Christi, where the highest population of women Veterans exists in the State of Texas, which is also the State with the highest women Veteran population in the country, the women's clinic has the least gender specific services of any clinic in the State. In Tucson, Arizona, a distinct and fully staffed women's clinic is available in a city that has 25% of the State's Veteran population, whereas Phoenix, which has 50% of the State's Veteran population but does not have a dedicated women's clinic. 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 levels and make up.

Fourth and final, is to address the highest emerging population of homeless Veterans, which belongs solely to women. Where recent efforts across the country to end and prevent Veteran homelessness are commendable and deserve recognition, we fear the true numbers of this emerging population will be underrepresented due to prescribed models of addressing homelessness that do not fit the true needs of homeless women Veterans. Prescribed models that mandate a definition of literally homeless and include integrated GPD sheltering, single occupancy accommodations and the elimination of funding for transitional housing alienate women and women with families. As a result, these homeless Veterans avoid provided services and find substandard alternatives that then prevent them from being counted as homeless because they do not meet the federal definition. These policy changes may facilitate ending and preventing Veteran homelessness for some Veterans but not all and there should be allowances for a spectrum of solutions that should require an expansion of the federal definition of homelessness. We must acknowledge the specific ways this audience will seek services and provide the mechanisms to end and prevent homelessness for all Veterans.

HOMELESSNESS AMONG VETERANS

NASDVA applauds 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 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- drug abuse, mental health issues, PTSD, lack of jobs as well as the courts and corrections system. To eliminate chronic homelessness, we must surround the problem and address the many root causes by providing the necessary mental health and drug treatment programs to include jobs and employment training. 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.

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 funding to the USDVA 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). Veterans are returning to a civilian world where unemployment is on the rise, financial institutions are failing, and families are torn apart. 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 and 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 desperately needed. More VTCs mean more direct help for Veterans.

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

On November 18, 1988, President Reagan signed into law the Veterans' Judicial Review Act (Pub. L. No. 100-687), which established as a court of record the United States Court of Veterans Appeals. Pursuant to the Veterans' Programs Enhancement Act of 1998 (Pub. L. No. 105-368) and effective March 1, 1999, the Court's name was changed to the United States Court of Appeals for Veterans Claims (the Court). As a court of record, the court is part of the United States judiciary and not part of the Department of Veterans Affairs. The court serves as the court of "final resort/decision" for Veterans' claims. Since its establishment, the court's principal offices have been housed in various "rented" office space(s), with no permanent building designed and built for the Court. The Court has requested funding to build a permanent building designated for the permanent and specific purpose of serving our Nation's Veterans as the aforementioned court of "final resort/decision". A permanent building and location for the Court would serve as a visible symbol of America's commitment to equity and justice for its Veterans. As such, NASDVA strongly supports and urges approval the Court's request.

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.

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

State Directors of Veteran Affairs 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 the VA. Individual States' Chief Executive (Governor) 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 "partners" with federal VA in the delivery of

services and care to those who have served in uniform. Our presence today illustrates your recognition of NASDVA's contribution and value in serving our nation's Veterans. With your help and continued support, we can ensure our Veterans and their needs are adequately resourced and remain a priority. The States and the VA are both privileged to provide benefits and healthcare services to America's Veterans. 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 these very important hearings.