



General Assembly of the Commonwealth of Pennsylvania

JOINT STATE GOVERNMENT COMMISSION

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SUBJECT: Report for SR170 of 2019, *Coordination of Veterans Services in Pennsylvania*

TO: Senate Veterans Services and Emergency Preparedness Committee

FROM: Glenn J. Pasewicz
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Thank you Chairs and members of the Committee for providing us the opportunity to present our reports on veterans services in Pennsylvania: *Coordination of Veterans Services in Pennsylvania*, written in response to Senate Resolution 170 of 2019 and released in May 2021, and *Veterans' Services and Programs in Pennsylvania*, written in response to SR255 of 2015 and released in December 2016. I'm Glenn Pasewicz, executive director of the Joint State Government Commission. This morning I'm accompanied by Frank Lill, who was the project manager for the more recent of the two reports.

By way of background, the Joint State Government Commission is the General Assembly's non-partisan public policy and statutory research office. Over the past 84 years the Commission has written reports on nearly any topic that the members of the legislature determine is worthy of study. All of our reports start as official actions of the legislature. Although some of our reports are statutory, most are assigned to us in the form of resolutions.

This was the case with the report for Senate Resolution 170 of 2019, *Coordination of Veterans Services in Pennsylvania*. Like many of our reports, SR170 involved the appointment of a legislative task force and an advisory committee composed of stakeholders representing different perspectives and interests in veterans services. The membership of the task force changed over the period of the report. Overall, it included Senators Aument, Iovino, Mastriano, Muth, Regan, and Stefano.

The advisory committee included representatives from executive branch departments, including DMVA, Drug & Alcohol Programs, Education, Health, Human Services, and Labor & Industry. It also included representatives of veterans services agencies, such as country veterans offices, the VFW, the State Veterans Commission, Heinz Endowments, the Clearinghouse for Military Family Readiness at Pennsylvania State University, The Veterans Multi-Service Center Headquarters, and the Institute for Veterans and Military Families at Syracuse University. It included representatives from health care, including Pittsburgh Mercy, and the VA Pittsburgh Health System. Importantly, it included veterans, some of whom represented the stakeholders listed above, and some at-large, and all with years of experience in advocacy and in their own navigating of the veterans services systems. The advisory committee met a number of times over the course of the report and discussed the topics as outlined in the resolution.

The resolution called for a review and analysis of

- 1) Veterans' service networks and collaborative organizations operating in this Commonwealth;
- 2) Models currently being utilized for interorganizational communication within the veterans' service community in this Commonwealth and other states;

- 3) Technological platforms currently being used to collect, store and exchange data among the veterans' service community in this Commonwealth and other states;
- 4) National, state or local models that support comprehensive access and navigation of veterans' services being utilized; and
- 5) Any other areas recommended by the task force relating to the coordination of services among the veterans' service organizations.

Discussions coalesced around technological platforms that are being developed to help veterans and service providers navigate the wide range of services that are available. These platforms generally fall into three categories:

- 1) Self-navigation, where the veteran finds all information and resources on his or her own;
- 2) assisted-navigation, where an organization works with the veteran to find appropriate resources; and
- 3) hybrid that typically involves creating a user profile on a website and engaging with risk/need screening software.

At the state level, DMVA is developing and implementing a platform called PA VETConnect, to provide “one-stop customer service” to veterans in need. The Department of Human Services is implementing its Resource and Referral tool which, while not directly targeted at veterans, would make it easier for its partners to provide resources to all residents in need, including veterans.

In the private sector, PAServes is an assisted navigation platform operating in the Greater Pittsburgh region as a “coordinated system of public, private, and non-profit organizations working together to serve veterans, transitioning service-members, and their families,” It is part of the broader America Serves model, which has sixteen regional chapters throughout the country.

Although not limited to veterans, the United Way operates Pennsylvania 2-1-1 which serves as a care coordinator for Pennsylvanians in need of social services such as confidential crisis and emergency counseling, disaster assistance, food, health care, and insurance assistance, stable housing and utilities payment assistance, employment services, and childcare and family services, as well as assistance in connecting with services specifically for veterans.

Additionally, the county directors of veterans affairs provide assistance to county veterans and their dependents to identify, determine eligibility, and assist with the preparation of applications for county, state, and federal veterans' benefits and programs. Each of the Commonwealth's 67 counties have a county director.

As a result of analysis and experiences, the advisory committee developed the following recommendations:

RECOMMENDATION 1: The majority of the Advisory Committee recommended creating a Commonwealth-wide navigation system, utilizing an existing system such as PAServes or PA VETConnect, to produce a centralized case management or resource center for veterans and service providers. Funding would be a principal barrier to expanding the PAServes model statewide, and it was estimated that it could cost \$2 million annually. The Advisory Committee believed that any system of navigation should collect data and be guided by evidence-based practices, which the In-Progress Reviews of PAServes already strongly demonstrates.

While the majority of the Advisory Committee recommended creating a Commonwealth wide navigation system, a portion of the Advisory Committee believed the Commonwealth should be cautious of a one-size-fits-all approach when it comes to navigation systems and that the Commonwealth should not try to "re-invent the wheel" if there are systems or models out there that work or simply can be improved. The County Directors of Veterans Affairs are already

mandated to perform many of the tasks discussed and are considered the first line of contact for veterans benefits. Accredited County Directors have access to the federal VA system as duly recognized claimant representatives under the DMVA, their national organizations, or any one of the national veteran organizations.

RECOMMENDATION 2: The Advisory Committee acknowledged a distinction between “today’s” veterans, who are computer savvy, and “yesterday’s” veterans, who may be older, in nursing home care, and otherwise unable to navigate the Internet. Any solution should include low tech, or no tech, ways to help improve veteran awareness and access to services.

RECOMMENDATION 3: The Advisory Committee believed it would be valuable to continue to meet in some capacity similar to the meetings held for the work of this report. Ongoing meetings would allow veteran organizations with shared goals to streamline communication and share information to improve the coordination of veteran services within the Commonwealth on a regular basis.

RECOMMENDATION 4: The Advisory Committee believed that, through the Veteran Service Officer Grant Program, VSOs do much of the same work as the county veterans’ offices, and their work shares a similar goal. The Advisory Committee recommended that any Commonwealth-wide navigation system or existing platform under recommendation #1 should foster a collaborative effort between the VSOs and the county veterans’ offices.

RECOMMENDATIONS 5 and 6: The Advisory Committee supported, with the appropriate resources, the recommendations outlined in 2 studies which were detailed in the report, The Veteran Metric Initiative Study (TVMI) and the Community Resource Referral Platforms: A Guide for Health Care Organizations report.

RECOMMENDATION 7: The Advisory Committee recognized the horrible events that unfolded at long-term care facilities, which are home to many veterans, during the pandemic and recommends that the facilities address those issues. In order to improve care coordination, the Commonwealth and its long-term care facilities could:

- Clearly define how to report problems. Front line workers, or others such as family members, should have the ability to voice concerns or complaints properly and ensure they are respected when doing so. There should be clear communication because a lack of it affects everyone.

- Consider not using a "military model" in a health care facility even though the DMVA ultimately oversees the facilities. A rigid and narrow line of communication can be restrictive.

- Have internal review committees comprised of staff from different departments which can help everything from the quality of the food, the environment and the care. Emergency Action Plans should be reviewed periodically and made to include all possibilities.

- Deliver handouts to educate staff. They should be delivered by people who understand the handout, with signatures, dates, and times included. There also needs to be refresher courses from time to time. People should be informed of infection control protocols, such as how to use and remove gloves after working with individuals.

- Improve oversight from any agency monitoring facilities in the Commonwealth that care for veterans. Inspections should be spontaneous to avoid facilities from covering up issues that would normally be deficiencies.

- Staff shortages at any health care facility are difficult to overcome, but higher positions should not be filled until at least 3 references are thoroughly checked. Background checks should include any prior license suspensions and whether a person ever worked at a facility that was closed.
- Review and make recommendations on the existing structure of the DMVA, which currently contains both the military and veterans affairs within one agency.
- Improve the process associated with providing medications and informed consent for veterans and family members.
- Adequate funding and resources should be provided to implement the care coordination recommendations outlined above.

Our previous study, *Veterans' Services and Programs in Pennsylvania*, which was released in December 2016, was similar in that it surveyed veterans services across Pennsylvania although it did not include work with an advisory committee. Staff nonetheless reached out to county directors of veterans' affairs, veterans services organizations, and had meetings with DMVA, PDE and non-profit organizations offering supplementary assistance to resident veterans.

The common theme emerged: Better collaboration between agencies and integrity of services was a central issue. The meetings also highlighted the critical role of transitional periods in a veteran's life. Whether someone is transitioning from active military service to participation in the civil economy or a veteran is retiring and health or other needs change, it is at this point of transition that outreach and help in accessing benefits and programs is exceedingly important. The report contains approximately 75 pages detailing federal, state, and county services, benefits, and

programs currently offered to veterans, active service members, and their families in the Commonwealth.

Specifically, the report's recommendations were as follows:

- Conduct coordinated outreach and engagement efforts to proactively seek out veterans in need of assistance, sharing information across outreach teams and sites and collaborating across systems.
- Continue support for Act 66 Outreach programs; increase funding, if possible; and maintain a separate line item in the DMVA budget for this program.
- Increase coordination and collaboration between state departments, veterans' service organizations, and various agencies involved in veterans' life.
- Facilitate coordinated assessment and entry systems to improve the ability of veterans to get the help they need.
- Enhance educational campaign throughout various channels to deliver information about existing programs and services to veterans as well as their families, who are often less familiar with this information than veterans themselves.
- Add clarification regarding the Veterans' Trust Fund grants. The legislation establishing the Veterans' Trust Fund (51 Pa.C.S. § 1721) lists the organizations eligible for grants from the fund as the veterans service organizations (§ 1721(c)(1)(ii)) and "other charitable organizations with a primary mission to serve Pennsylvania veterans" (§ 1721(c)(1)(iii)).

It was recommended that the Deputy Adjutant General compile a list of organizations currently eligible to receive grants under § 1721(c)(1)(iii). This would assist in the fair and efficient administration of the Fund.

A detailed description of DMVA's comprehensive and extensive response to these and other recommendations that have been made is provided in our report for SR170.