

MARYLAND FORWARD

Governor's Forum on Veterans Affairs



**March 28, 2011
Charlotte Hall Veterans Home
Charlotte Hall, Maryland**

Purpose of the Forum

Maryland is home to approximately 465,000 veterans of the United States Armed Forces. Veterans returning from Iraq and Afghanistan are faced with the difficult challenge of reintegrating back into society after serving in combat, and many are suffering from invisible wounds such as Post Traumatic Stress Disorder (PTSD), depression, and substance abuse.

Governor O'Malley convened the Maryland Forward Forum on Veterans Affairs to gauge progress in caring for our veterans, and to engage the veteran community directly regarding the services that exist and the remaining needs. Maryland has an obligation to serve those brave men and women who have served on our behalf. To honor the sacrifice and courage of our veterans – and their families – the O'Malley-Brown Administration is committed to standing with them and ensuring that they have access to all of the benefits and services they deserve.

The forum was designed to elicit feedback and ideas from leaders in the veteran community, committed stakeholders, local/state/federal service providers, non-profit service providers, veteran service organizations, cabinet secretaries, and state officials who have routine contact with veterans. The ideas generated in the forum will help the State considerably, enabling the Administration to build on what has already been achieved in the area of veterans' affairs.

Recommendations from the participants centered on how the State can continue to improve the overall service to our veterans, specifically in the following areas:

1. Behavioral health services
2. Homelessness and housing needs
3. Job training and assistance in obtaining employment
4. Access to benefits.

O'Malley-Brown Serving those who have Served

- Implemented the VA's award winning Computerized Patient Records System at Charlotte Hall Veterans Home. Charlotte Hall was selected as the nationwide pilot for State Veterans Homes.
- MDVA Veterans Service Program achieved all-time highs in FY10 in number of veteran contacts, number of claims filed, and dollar amount of new veterans benefits brought into the state – see details below
 - MDVA Veterans Service Program: the number of veteran contacts increased from 56k in FY08 to 90k in FY10 (61% increase)
 - MDVA Veterans Service Program: the number of claims filed on behalf of Maryland veterans went from 2,700 in FY08 to 3,900 in FY10 (44% increase)

- MDVA Veterans Service Program: the dollar value of veterans benefits from new claims increased from \$17.3M in FY08 to \$22.2M in FY10 (28% increase)
- MDVA Veterans Service Program opened one new full time office in Bel Air in FY08, and two new full time offices in Hagerstown and Salisbury in FY09. Moved the Prince George's County office from Landover to Camp Springs in FY09 to make it more accessible to public transportation. These new operations led to the increased numbers mentioned above.
- Governor signed a bill in May 2009 establishing the Maryland Veterans Trust Fund, which will enable MDVA to accept private donations and then provide financial assistance to veterans and family members in need
- MDVA partnered with DPSCS to begin issuing a death benefit of up to \$125,000 to the surviving spouse, children, dependent parents or estate of a Maryland resident who was killed in combat
- MDVA partnered with MVA to establish the Gold Star Family License Plate, to honor the relatives of those who gave their lives in combat
- O'Malley/Brown Administration provided \$2.9M in funding for the Iraq and Afghanistan Veterans Scholarship Program
- O'Malley/Brown Administration provided over \$6M in funding for the Veterans Behavioral Health Initiative to provide behavioral health and transportation services for veterans who require behavioral health treatment
- FY10 - With DBED, administered 300k in no-interest small business loans for service disabled veteran business owners. Administering more (hoping for 300k) in current FY.
- FY10 - Hosted first ever Veterans Business Conference at the University of Maryland – College Park for Maryland Veteran Small Business Owners (200+ attendees)



Key Recommendations

Session I: Behavioral Health

Facilitator: Dr. Victoria (Vicky) Eyler, Mental Health Program Manager, VA Capitol Health Care Network (VISN 5), U.S. Department of Veterans Affairs

Background

According to the latest estimates, there are over 26,000 Marylanders who have served in Iraq and/or Afghanistan, and 20% of them require behavioral health services. These numbers increase significantly when you include Maryland veterans from other conflicts such as the Gulf and the Vietnam Wars. The Veterans Health Administration provides continuum of full spectrum mental health care. The VA Hospitals in Perry Point and Martinsburg, WV have considerable capacity for residential treatment.

Recommendations

The participants in Session I focused their discussion on the current behavioral health services available, behavioral health problems that veterans are experiencing, and recommendations for improving and increasing behavioral health services. Their recommendations are as follows:

1. **Increase access to behavioral health services in southern Maryland:** A new Veterans Center will open in Clinton, MD sometime this year; while not in southern Maryland, it is much closer than the Veterans Center in Annapolis. The VA is expanding capacity of Tele Mental Health due to the shortage of mental health providers in southern Maryland. While some veterans do not prefer this method of treatment; this is the only way to expand access to specialty mental health services in light of the shortage of providers and space limitations. The VA is also working to ease its credentialing challenge, which will make it easier to recruit providers.
2. **Strengthen community partnerships:** The VA should better coordinate their efforts with local providers and non-profit organizations that assist veterans, so as to maximize services delivered to veterans. Many providers would like to provide fee-based services for the VA; however VA has concerns over cost and utilization of best practices. The Veterans Administration will continue to evaluate opportunities to provide fee-based services on a case-by-case basis.
3. **Avoid stigmatizing or generalizing veterans:** One veteran stated that by having the word “disorder” in the title of a condition (such as Post Traumatic Stress *Disorder*), a stigma is attached to the condition that makes it less likely for a veteran to admit that he or she has a problem. This veteran recommended taking this word out of the title. It is important not to “generalize,” or assume that all veterans should be treated in a similar fashion. Providers need to be aware that combat veterans may need different types of behavioral health services than do veterans who have not experienced combat.



Session II: Homelessness/Housing Assistance

Facilitator: Ms. Jesse Vazzano, Homeless Coordinator, VA Capitol Health Care Network (VISN 5), U.S. Department of Veterans Affairs

Background

According to the latest estimates, there are approximately 1,000 Maryland veterans who are homeless on any given night. Secretary Shinseki of the U.S. Dept. of Veterans Affairs has established a goal to eliminate veteran homelessness by the year 2014. All VA Hospitals now have Homeless Coordinators to assist homeless veterans in their respective regions. Homeless Coordinators also assist those veterans that are at risk of becoming homeless.

Recommendations

The participants in Session II focused their discussion on the definition of homelessness, how to increase the accuracy of data on homeless veterans, and how to increase temporary housing available for homeless veterans. Their recommendations are as follows:

- 1. Increase in Safe Haven/Low Threshold housing:** Safe Haven / Low Threshold housing would be provided by the VA and/or by local non-profit organizations that contract with the VA. Low Threshold housing is transitional or permanent housing that does not require one to be sober or clean to utilize services. Safe Haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness and other debilitating behavioral conditions who are on the street and may be unwilling or unable to participate in housing or supportive services. Safe Havens can be funded through Housing and Urban Development or by the VA. Housing helps stabilize a veteran so that they can begin to build trust with doctors and counselors, who are then able to address their chronic issues. It is also critical that all housing must be ADA compliant to accommodate disabled veterans.
- 2. Strengthen community partnerships:** It would be better to bring services into the community rather than requiring veterans to go to where the services are located (i.e., VA Hospitals). If we all have a clear understanding of services available in each community, such as homeless shelters, emergency medical care, counseling, food assistance, etc.) we can help get the word out to homeless veterans. More partnerships should be created with the faith-based community, law enforcement, civic groups, and veterans' service organizations.

- 3. Improve accuracy of data on veterans homelessness:** The definition of “homeless” should include those who are “couch surfing” and temporarily staying with friends and family, not only those who are living on the streets. This broader definition and improved community partnerships will ensure that these veterans are counted. Maryland should implement a statewide Homeless Management Information System (HMIS). The statewide system would allow for communication across county and city lines. Another recommendation was to implement a Homeless Stat, incorporating Governor O’Malley’s data collection and performance measurement techniques into the fight against this problem. . The better the data that is available on homeless veterans, the better we can target our services and prevention efforts.
- 4. Increase transportation available for veterans, especially in rural areas, to help them get access to care and services:** No veteran should have to miss an appointment due to lack of transportation. There are a variety of services available for veterans including MTA Mobility services. However, a menu of transportation options should be readily available for all health care providers, community organizations, veteran service organizations, and any other groups that have contact with veterans.



Session III: Job Training and Employment Assistance

Facilitator: Mr. Stan Seidel, Director of Veterans Employment & Training Service for Maryland, U.S. Department of Labor

Background

According to the latest estimates, the unemployment rate for veterans between the ages of 20 and 24 is 20.9%, more than double the national employment rate. Many veterans in this age group are veterans of the wars in Iraq and Afghanistan. The military training that veterans have can be very valuable to employers; they already have traits such as the ability to work as part of a team, the ability to be prompt and follow instructions, and a dedication to getting the job done (‘mission accomplishment’).

Recommendations

The participants in Session III focused their discussion on how to increase awareness among veterans of jobs and job training opportunities available to them. Their recommendations are as follows:

- 1. MDVA to send out DLLR “Veterans Priority of Service” flyer to all recently separated veterans:** All veterans who authorize that their DD214 (separation from service document) be forwarded to MDVA will receive a letter from the Governor and MDVA Secretary thanking them for their service and alerting them to skills training opportunities. Going forward, MDVA will include this flyer in mailings to all recently separated veterans.
- 2. DLLR should prepare a letter that must be e-mailed to all veterans who are receiving unemployment insurance for ex-service members (UCX – unemployment compensation for ex-service members):** The correspondence will identify DLLR resources available for Maryland’s unemployed veterans, to include the location of workforce offices, potential training programs that recently separated veterans can take advantage of, and short-term training opportunities that will enhance their employability.
- 3. Once the Mil2FedJobs website is launched, develop a Mil2StateJobs website:** the Mil2Feds website helps veterans identify federal jobs that are related to their military specialty; it then shows job opportunities on USAJOBS (federal jobs website) that are related to that military specialty. This website is expected to launch in the spring of 2011. After this launch, it is recommended that DLLR develop a similar website that helps Maryland veterans identify state jobs that are related to their military specialty.
- 4. Local Workforce Areas funded through DLLR should promote veterans programs to employers:** Federally funded programs exist to train veterans for employment. If employers are made aware of these programs, they may be more likely to hire veterans. The Local Workforce Area should promote these programs to local chambers of commerce and employer associations. Examples of veterans programs include: Montgomery GI Bill On-The-Job Training (OJT), Apprenticeships, Work Opportunities Tax Credit (WOTC), the Veterans Workforce Investment Program, Workforce Investment Programs as well as the recent OJT grant provided to DLLR from the U.S. Department of Labor.
- 5. In the Plenary Session, the Governor suggested that a veteran be selected to sit on the Governor’s Workforce Investment Board as a voting member to represent the veteran population in the state. Further, the Governor suggested placing a veteran’s advocate on Local Workforce Investment Boards.**

Session IV: Access to Benefits

Co-Facilitators: Ms. Cynthia Mason-Posey, Director of Outreach & Advocacy, Maryland Department of Veterans Affairs; and Ms. Lorrie Knight-Major, Director of Military and Veterans Initiatives, Easter Seals Greater Washington-Baltimore Region, Inc.

Background

Although the Maryland Department of Veterans Affairs served a record high number of veterans in FY2010, there are still many veterans who are not taking advantage of benefits to which they are entitled. They do not have their benefits because either a) they are not aware that they are eligible, and/or b) they do not know how to sign-up or apply for benefits.

Recommendations

The participants in Session IV focused their discussion on the benefits available and how to effectively conduct outreach to veterans of all ages. Their recommendations are as follows:

- 1. MDVA should implement outreach events to educate veterans and the broader community:** while many of the older veterans are aware of their available benefits, younger veterans are not. The younger, post-9/11 veterans may not realize that they have a problem, or may not want to admit that they have a problem. Education is the key to helping them. It was recommended that MDVA use social media to conduct outreach to younger veterans. We have to determine the places younger veterans frequent and their behaviors (i.e., television channels, movies, websites, etc.) and target advertising to these areas. An increased use of local public television and radio should be targeted to the younger veteran population.
- 2. Organizations in the state must work cohesively to provide services and perform outreach to veterans:** The state should coordinate outreach and benefits programs of veteran service organizations, MDVA, Easter Seals, Way Station, etc. to maximize resources available to veterans. Many organizations perform their outreach efforts without coordinating with other organizations. Partnerships could be developed to leverage resources and services; a which would maximize outreach to veterans in rural areas.
- 3. In these tough economic times, we need to change the perception that veterans receive handouts:** We need to educate both veterans and the broader community that veterans receive a “hand up” not a “hand out.” We must develop more effective ways to reach military families. Existing community organizations and faith-based organizations should be targeted for veteran benefits briefings. This should be accomplished in creative ways, such as: setting up tables/booths at family day activities; local fairs; religious services, etc.
- 4. MDVA must devise a better method to measure the number of veterans they reach in outreach activities:** The department currently tracks the number of phone calls and visitors received at the veteran service offices throughout the state. This should continue to be tracked, along with other veteran contacts being made at outreach events, the Cemeteries & Memorials Program, Charlotte Hall Veterans Home, and the Office of the Secretary.



Conclusion

The purpose of the Maryland Forward Forum with Veterans was to gauge progress in how we are caring for our military veterans in Maryland over the past four years and to develop strategies for continued progress. The event was a great success in analyzing current challenges on the issues our veterans currently face, in generating thoughtful recommendations, and in devising solutions for how the State should proceed.