

Commission to Strengthen and Align the Services Provided to Maine's Veterans
Meeting Notes from Meeting #2
October 28, 2015

I. Welcome and introductions

Present: Senator Ron Collins (chair), Rep. Jared Golden (chair), Senator Earle McCormick, Rep. Louis Luchini, Rep. Jonathan Kinney, Adria Horn, Adrian Cole, Randall Liberty, Alley Smith, and John Libby (via phone). Absent: Matthew Murphy.
Commission staff: Danielle Fox and Karen Nadeau-Drillen.

II. Work session - potential findings and recommendations

Danielle Fox explained to Commission members the procedure for developing findings and recommendations for the final report. Danielle created a discussion worksheet including points of consideration and potential findings and recommendations. Worksheet points of consideration included: demographics, data and statistics; homelessness; identifying veterans/outreach and marketing; communication; Bureau of Veterans' Services (BVS) operations; geographic diversity of veterans/location of services; Veterans Administration (VA) claims generally; mental health care access; maximizing services and benefits between the VA and the State of Maine; transportation; employment; deceased veterans – cemeteries; and honoring veterans. Danielle reminded Commission members of the need to provide background information in support of findings, which will serve as justification for recommendations in the Commission's final report.

A. Demographics, data and statistics

Rep. Golden noted that different agencies, including the VA and the State of Maine, have different ways of counting veterans and quantifying veteran data. There is no consensus on how "veteran" is defined in the State, in particular with regard to National Guard members who have completed their service. Commission member Alley Smith agreed and added that retired military personnel should be included in the definition. Commission member and director of BVS, Adria Horn, noted that other states are having the same problem of counting and tracking veterans and are seeking internal solutions. She further noted that the State of Alaska recently purchased a tracking system outside of the VA data system.

Commission member Adrian Cole commented that accurate veteran data is important because this data is used to justify services and funding for services, including whether they fund or de-fund initiatives. The VA, the State of Maine and grants depend on this information.

Director Horn noted that accurate data would enable targeted outreach and marketing efforts and more efficient use of marketing dollars. From an administrative perspective such data can be useful to inform decisions about how to allocate resources and organize the functions of the bureau efficiently.

Rep. Golden suggested as a potential finding for the report be to state the need to increase marketing and outreach efforts – which among other benefits will assist with generating accurate and consistent demographics on veterans in the state. Correspondingly, Commission members recommended the permanent funding of a veterans outreach coordinator (more discussion regarding this issue occurred as the meeting progressed).

Senator Collins inquired about how BVS would obtain initial funding for the potential recommendation. Rep. Luchini commented that part of the funding will simply be prioritizing within the budget process – assuming there is a supplemental budget bill considered by the Legislature during the second session. Director Horn clarified that BVS did obtain funding for a veterans outreach specialist (recently hired) – but that the funding provides for a two-year contracted position – not an addition to BVS headcount. Rep. Luchini added that funding for the case-management platform software should be considered in addition to marketing/outreach position citing the benefits of each and how they would work in complement improving the overall function of the bureau and service to veterans.

Rep. Golden added that the Commission should do its best to identify how much funding, including State, federal and private funding, is needed to move forward with some of these initiatives that may be forthcoming. Director Horn will work with Commission staff in determining the cost of a permanent outreach specialist at BVS in addition to a case-management platform – both of which would increase outreach to veterans.

Rep. Golden also requested that Commission staff contact the National Guard to find out how they track members who have served in the National Guard and may not necessarily be considered a veteran.

Later in the meeting (after a discussion about homelessness – see below), the Commission revisited the outreach and marketing issue. Rep. Golden reiterated that the Commission needs to know how much is needed in terms of funding for outreach and marketing. One of the potential recommendations of the Commission is that the two-year outreach specialist position within BVS should become a permanent position within the Bureau. However, he noted that we also need a marketing campaign. Director Horn remarked that the need for an outreach specialist will continue beyond the 2-year mark and it would be detrimental to lose the momentum she anticipates will be created if there is a gap in the performance of those functions within the bureau. Currently, neither BVS nor the VA has a marketing/outreach plan. At the first meeting, representatives of the VA noted that outreach is only an ancillary duty of the VA. Director Horn emphasized that we have limited control over the VA and that the state should set a priority to reach out to its own veterans. Funding outreach at the State level would serve the VA because BVS facilitates federal-level VA benefits. Senator Collins commented that the main theme of the first meeting was the need for more outreach and that it clearly is rising to the top of the issues that the commission should address in its report.

Commission member General John Libby commented on the worksheet bullet point indicating that approximately 76,000 Maine veterans are not enrolled in the VA health

system stating that it is a federal responsibility. He added that it is appropriate for this commission and the Legislature to ask the VA to report what they are doing to reduce that number. Director Horn added that 28 percent of veterans in New England are not eligible for VA healthcare, but they may be eligible for other benefits. Noting that implementation does not always meet intentions when it comes to federal policy regarding veterans, she indicated it may not be wise to wait for the federal government. The State of Maine will have no control over how the State reaches veterans if the State relies on the federal VA to do it – citing that the VA is moving to a digital platform which may prove to be inaccessible to a percentage of veterans in Maine. She feels that BVS can do more and connect veterans with those VA systems. The State knows its veterans the best and Maine can be more flexible and nimble than the federal government by tailoring outreach efforts in a way that best matches our population and veteran demographics.

General Libby commented that the VA should be made aware via Maine’s Congressional delegation about how many Maine veterans are not enrolled in the VA’s health system. Director Horn reported that she is in regular contact with the delegation and agrees that continued reporting of this information is necessary.

B. Homelessness

Rep. Golden noted that there is a discrepancy among agencies on how “homelessness” is defined. Additionally, it is his understanding that there are federal resources coming into the State, but coordination may not be sufficient to maximize the response and get optimal results.

Director Horn asked if the State has other homelessness programs that veterans might qualify for. Danielle noted that the Maine State Housing Authority (MSHA) does have programs to address homelessness - some of which may include veteran components. She also informed the commission that MSHA has been granted federal (HUD-VASH) vouchers. The Commission will look at this issue more closely at its next meeting.

(The agenda for the November 4th meeting includes a presentation on veterans and homelessness. The commission decided it would be a better use of time to fully discuss this topic after receiving that presentation.)

C. Communication

Several commission members commented on the fact that there are many agencies, providers and organizations which provide services to veterans. However, some are not aware of each other or simply don’t have the means to coordinate and communicate with other providers. Often the way in which an agency or organization is governed (or by whom) creates a communication barrier. It was agreed that improving communication on many levels would ultimately benefit veterans and make more efficient fund of limited resources – but that it is a challenging task.

Director Horn noted that some states have an oversight or advisory board which holds regular meetings to check in on efforts by stakeholders and providers which establishes paths of communication. Adrian Cole added that the State of Maine should have regional-based community networks that filter information upwards to the State and BVS. Rep. Golden said that currently there are efforts to do this, but it is a struggle to facilitate and to determine who should be at the table.

1. DD-214s

Rep. Luchini raised the issue of DD-214 forms and the critical information they contain and how they factor into the Commission's discussion relating to communication. He asked if the State needs to improve access to these forms – particularly to providers. Director Horn explained that the DD-214 form is a seminal discharge document, which provides valuable information and can be very useful if shared; however, privacy concerns should be a consideration. Commission member Alley Smith asked if BVS is able to upload DD-214 forms. Director Horn said that BVS receives a copy of the DD-214 if Maine is listed as the state of residence; BVS has a copy so BVS and the veteran do not have to get the DD-214 from the national records center.

Rep. Golden commented that not every veteran returns to their “home” state and if the veteran goes elsewhere, the new state does not automatically receive the DD-214.

General Libby commented that DD-214 access issues are long-standing. He discovered years ago when a discharge takes place (and as part of programs like TAPS), the veteran is asked what state they intend to make their home. For states without an active military installation, like Maine, there is no point of contact (or physical location), visible or familiar to the veteran where he or she can reach out when they need assistance. Historically, the State of Maine made concerted efforts the TAG (The Adjutant General) Office in Maine be the point of contact. But it appears that those efforts did not resolve the issue. General Libby added that much of what the Commission has been discussing as problems or difficulties with DD-214s is the result of lack of outreach, communication and marketing.

Rep. Golden spoke of the need for a system for BVS to track communication with veterans – a case-management platform. Rep. Luchini said that the Director of BVS should be able to seek out a vendor for a software system that is compatible with the federal system.

2. Case-management system

Rep. Golden feels funding a case-management system within BVS is important and that the State of Maine should make that investment. The lack of such a system slows down BVS response time to veterans. BVS needs to better track interaction with veterans. Director Horn pointed out another layer to this issue – the fact that Maine is a geographically large area. Case-management technology will enable veteran service officers (VSOs) to resolve cases more quickly. Case management is critical - resolving

internal issues to make State services better for veterans. Rep. Luchini added that tracking veterans is a huge benefit to data collection which informs how to refine and prioritize BVS services to veterans. There are many benefits to the case-management system (see summary from meeting 1).

3. Veteran service officers - VSOs

In response to a discussion point on the commission's worksheet, Director Horn said that it's reasonable to evaluate the number and distribution of VSOs under BVS. This discussion should include consideration of the benefits of a travelling VSO, which BVS has implemented in the past. Rep. Kinney expressed concern about the number of VSO vacancies. Director Horn pointed out that the VSO position is a difficult job. And although turnover in the VSO position is comparable to what's expected generally in the workforce, burnout shouldn't be discounted. Because of the face-to-face contact that often occurs and the subject matter, VSOs often play multiple roles of lawyer, doctor and counselor when that is not the VSO's expertise. General Libby said that VSOs may not be stationed in the right locations. BVS could revisit the way they distribute services and consider reallocating BVS resources. If BVS started over and pooled available VSOs, Libby stated that BVS would likely distribute VSOs differently.

Adrian Cole pointed out that American Legion/Veterans of Foreign Wars (VFW) VSO positions are voluntary and many post-level VSOs are untrained (also uncertified). Service is more like triage rather than skilled comprehensive assistance at this level. BVS and officially certified VSOs are the best at assisting with claims and providing services. The negative consequences of a poorly filed claim with the VA can be significant.

Rep. Golden asked how many non-BVS VSOs get some level State funding. As discussed at the first meeting, Director Horn pointed out that the Veterans Coordinated Assistance Fund pays a majority of the cost for non-BVS VSOs at veteran service organizations like the American Legion, Disabled American Veterans and VFW. Two percent of table game revenue from the Bangor casino is dedicated to the Veterans Coordinated Assistance Fund. Danielle noted that the Veterans Coordinated Assistance Fund was established during the 126th Maine Legislature. A majority portion of the fund is used to cover 80-85% of the salaries for two non-BVS VSOs at Togus (American Legion and VFW). Initially, table game revenue from the Bangor casino was approximately \$120,000 per year; revenue has likely decreased since then. Commission staff will get annual revenue amounts for the next meeting.

Commission member Alley Smith asked if BVS has enough VSOs to meet veterans' needs. Director Horn responded that they have enough in some places, but not enough in other places. Smith asked what the typical case load for a VSO looks like. Director Horn said that there is no firm answer. In Maine, there are 41,000 active cases; however, some cases are more complicated than others. The typical waiting time for a veteran to get an appointment with a VSO is one week, but VSOs will meet with a veteran more quickly in

emergency circumstances. Director Horn also pointed out that there is not statutory limit for the VA to resolve an appeal.

Commission member Alley Smith asked about training received by post-level VSOs. Director Horn replied that the VA is the certifying entity. Smith noted that some volunteers would like the certified training. Director Horn said that BVS doesn't know if post VSOs are meeting the need or not because they don't communicate with BVS in that manner. Horn noted that Smith's questions regarding VSOs is important ones for the commission to consider and seek answers.

Rep. Golden commented that resources should be used most efficiently to service veterans; a potential recommendation is to provide BVS with the authority to oversee all VSOs in Maine that receive state funds.

Rep. Golden asked Director Horn if she has the authority to change or rearrange the location of BVS VSOs. Director Horn indicated that she can recommend locations, but at this time, it would be difficult to say how rearranging can better meet the need. This is something that is always on the radar with regard to improving services and access for veterans. The location of BVS VSOs at VA community-based outpatient clinics (CBOC) works well, but there is no guarantee that the VA will continue to accommodate the co-location arrangement. The Portland jetport location is a nice facility, but not necessarily where veterans are going. Rent at facilities currently leased for VSO offices by the state is exorbitant compared to other facilities. The VA co-locations have proven reasonable with regard to rent charged at that facility.

Rep. Luchini requested more information about State-funded VSOs at Togus and the Veteran Coordinated Assistance Fund. Director Horn said that BVS gets baseline numbers, but the Bureau has no sense of the quality of service or whether VSOs are overloaded or under-utilized. Those VSOs have no oversight and have their own systems and requirements for handling claims. Director Horn reported on her efforts to have the VA to a peer review on claims managed (3, randomly selected) by those VSOs at Togus. However, that request was denied. Director Horn noted that quality control should be a component of claims management. When claims include mistakes, it is not known until the process is complete. It may prove helpful to know if particular mistakes are occurring repeatedly that could be corrected saving time and money for a veteran and connecting that veteran with the benefits they require in a more timely way. Receiving an eligibility rating sets the course for continued interaction with the VA and connection with vital benefits – it makes sense to have quality control practices in place to ensure that the process to receive that rating is administered appropriately.

Rep. Golden noted that a potential recommendation is to encourage the VA to facilitate co-location of BVS VSOs at CBOCs. Rep. Luchini suggested that the Joint Standing Committee on Veterans and Legal Affairs (VLA) could also send a letter to the VA relating to this issue.

III. Maine Military and Community Network

Chaplain (Colonel) Andrew Gibson provided an overview of the Maine Military and Community Network (MMCN). Colonel Gibson is a Senior Army Chaplain at the Army National Guard and a founding member of MMCN. MMCN was founded as the Military Adjustment Program (MAP) in 2003 by civilian behavioral health professionals, the Maine National Guard and Vet Centers. The main focus of MMCN has been behavioral health treatment – traditional and alternative methods. MMCN has trained over 300 behavioral health providers on military-specific considerations. MMCN is a “handshake” network (neither a nonprofit organization with 501-c3 status nor an incorporated entity).

Colonel Gibson indicated that more than half of the veterans in the MMCN network with behavioral health issues have not deployed and more than half of the veteran suicides reported were veterans who were not deployed.

Colonel Gibson pointed out that the National Center for Post-traumatic Stress Disorder (PTSD) realized that behavioral health is not the only issue; military service members need meaningful jobs and a connection to others in their communities. It was at this point that MAP became MMCN and a clinical outreach network was born. MMCN is a statewide organization and Colonel Gibson feels that the regional networks are the heart of MMCN. Currently, there is a network of nine autonomous regional organizations which are not a political or lobbying group, but exist purely to serve military service members.

Colonel Gibson emphasized family members of military service members need to be a focus of MMCN efforts and communication. Colonel Gibson remarked that the word “veteran” is a loaded term; MMCN often refers to service members, veterans and families (SMVF). Often the best way to reach out to veterans is by targeting the folks that love that veteran.

Commission member Randall Liberty noted the power of networking and having all the stakeholders in the room working collaboratively on a region’s unmet needs. It’s where the rubber meets the road when advocating for and supporting veterans.

Commission member Alley Smith asked Colonel Gibson to identify the gaps that he sees. Colonel Gibson considers “access to transportation” the number one issue; it is often a challenge to get veterans to CBOCs. The second most significant issue is federal Tri-care reimbursement rates paid to healthcare providers are far too low. An added negative is that the provider cannot seek from the client what’s not reimbursed by Tri-care. Generally, Colonel Gibson identified military culture as another barrier as military service members often don’t ask for help and don’t admire people who do ask for help.

Health Net Federal Services administers the Choice program via the VA and Tri-care. Director Horn pointed out that providers in Maine are unwilling or unable to take on veterans because of Health Net Federal Services inability or unwillingness to cover services. Veterans, services members and families in Maine have the highest rate of non-VA care because of the rural character and geographic expanse of the state.

Rep. Golden asked Colonel Gibson if MMCN has considered becoming a legal entity. Gibson indicated that MMCN has considered this on numerous occasions, but have opted not due to the requirements of becoming a legal entity. MMCN cannot receive State funding because they are not incorporated or a legal entity.

IV. Veteran services in a university setting

Lorraine Spaulding, Coordinator of Veterans Services at the University of Southern Maine's (USM's) Veterans Resource Center, presented an overview of their purpose and work. The mission of the center is to help veterans transition from military service to successful completion of a college degree. Student Oren Palmer, an active duty U.S. Air Force service member and president of a veteran student organization at USM, also participated in the presentation. Spaulding indicated that 402 USM students utilize the G.I. Bill; 75 percent of those are veterans, mostly post-9/11 veterans. The University of Maine System (UMS) provides for in-state tuition and fees for veterans and active duty service members, as well as dependents using G.I. Bill benefits. In addition, the university application fee is waived for all veterans and service members.

Ms. Spaulding explained that the center helps veterans with financial, mental health and housing issues and military sexual trauma (MST). MST is a growing issue that the university is facing.

The Veterans Resource Center does the following: assists with the application process and benefits; reviews joint services transcripts for credit; coordinates with Admissions to ensure all new veterans and dependents are contacted upon acceptance; works with students who were not accepted; provides transition orientation for incoming student veterans; provides green zone training for faculty and staff; and collaborates with campus and community resources to meet the need of students.

There are two student organizations at USM: a veteran student organization, which is a social organization, and a Student Veterans of America chapter. Ms. Spaulding described the center as a catch-all organization that focuses primarily on veterans and service members, but she would like to focus more on the dependents of service members. Ms. Spaulding was asked if she was aware of any other coordinators at other UMS campuses. Ms. Spaulding replied that other campuses may have part-time veteran services coordinators, but USM is the only campus with a dedicated office and full-time coordinator.

USM provides veterans transition orientation, which is a one-day event for veterans to assist them in making the transition and meeting university expectations. USM also provides "green zone" training for faculty to help them understand military culture and the veteran's perspective. Ms. Spaulding noted that regular students were excited to meet student veterans since many of them are well-traveled, multilingual and unique world experience. Student veterans can be a valuable resource for the regular student population.

Commission member Alley Smith asked if the Veterans Resource Center at USM tracks student veteran dropouts. Ms. Spaulding said that there are very few dropouts and student veterans typically dropout due to medical issues.

Director Horn asked if USM has a gauge on the ages of the student veteran population compared with the regular student population. Ms. Spaulding said that she could provide that information in time for the next Commission meeting.

It is common knowledge that USM has the largest student veteran population of all the UMS campuses. Rep. Golden wondered if this is just happenstance or if there is a particular reason for this. Ms. Spaulding replied that it is purely coincidental. However, Ms. Spaulding noted that USM is a good school and the City of Portland is a desirable place to live. The University of Maine at Augusta (UMA) student veteran population is increasing and may soon surpass USM. Ms. Spaulding would like to see more coordination among UMS schools.

Rep. Golden asked if USM could be a clearinghouse for certifications since many veterans have certifications for skills and training obtained while serving in the military. USM encourages the concept of a joint services transcript. Ms. Spaulding indicated that USM is working on accepting military certifications as transferrable credits that are degree worthy. A key component is for faculty to recognize military certifications as class credits.

Director Horn asked about student orientation specifically for veterans and what it may entail. Mr. Palmer indicated that orientation includes an explanation of the G.I. Bill and how to navigate its requirements. Mr. Palmer emphasized that the first semester is critical to getting the student veteran on the right track.

V. Mental health services for veterans

Jerry Dewitt and Tom Morrison of Tri-County Mental Health Services (TCMHS) presented information about their organization, which provides mental health services to veterans in their community. Mr. Dewitt has been serving military families and veterans since 1984 in various capacities and is presently licensed in Maine as a nurse, social worker and certified alcohol and substance abuse counselor (CADC). After serving three years as a Vista volunteer doing veterans outreach, he currently works for TCMHS under a grant provided by the Bank of America, Dori Taylor Foundation.

Mr. Dewitt said that transportation is a significant issue. Disabled American Veterans (DAV) is a veterans' advocacy and assistance group, which operates a fleet of vehicles around the United States to provide free transportation to VA medical facilities for injured and ill veterans. DAV stepped in to help veterans when the federal government terminated its program that helped veterans pay for transportation to and from medical facilities. DAV purchases the vans and donates the vehicles to the VA. The vans are driven by trained DAV volunteers. According to Mr. Dewitt, vans only travel to certain towns on certain days; this limited availability is not meeting the needs for most veterans in getting to their appointments. They are also not authorized to transport veterans to CBOCs, which is an ongoing frustration because it would be a practical and efficient application of the program. There are not enough volunteers partially due to the lengthy certification process. Once vans are purchased and given to the VA, there is no control on how they are used; veteran advocates would like to see more flexibility.

Mr. Dewitt noted that access to mental health and medical care is another significant issue. He feels there is no continuity in care again citing transportation as a significant barrier. The lack of providers (because hesitant to work with HealthNet and slow reimbursement) and the absence of an in-patient treatment facility are major factors contributing the access barrier.

Mr. Dewitt feels that the Choice card needs to be utilized more by veterans. However, he feels the VA is not making referrals as often as needed. Mr. Dewitt emphasized that the provider community stands ready to serve veterans and their families if the VA would open the process. Currently, a ChoiceCard covers services, that would otherwise be provided by VA, when the client is unable to get a VA appointment within 30 days or the service required is outside of 40 mile radius. According to the VA, over 30,000 veterans in Maine are eligible for VA health care but are not enrolled. Mr. Dewitt feels that more needs to be done to get those 30,000 veterans to sign up for benefits.

According to Mr. Dewitt, the Governor has proclaimed February 25th as Maine Veterans Stand Up and Be Counted Day; he recommends all VSOs should be open that day to recruit members and sign veterans up for VA health care.

Rep. Golden asked what the standard is for timely care at TCMHS. Dewitt replied that TCMHS believes in the “open access” concept – to provide care within minutes or at least within 24 hours. TCMHS does not have a clinician to provide service to combat veterans; these veterans are referred to a Vet Center with a quick turn-around. Over 200 non-combat veterans and family members are in treatment at TCMHS.

Mr. Morrison stated that one of the challenges for veterans is seeking support in the first place; therefore, if there are any roadblocks, the veteran is more likely to give up on the process. The State should make it as easy for veterans as possible. The more we can do for the veterans the better. Barriers to service include: limited office hours, lack of qualified providers at the right time, and more generally red-tape.

Mr. Morrison added that payment is another challenge; providers recognize that the VA is not paying bill in a timely manner. Director Horn urged TCMHS to contact her or BVS if they have a problem getting a medical appointment for a veteran in a timely manner. BVS handles individual advocacy cases.

Director Horn added that the nationwide Choice card program has not been rolled out with the implementation matching the good intent. When using ChoiceCard eligible services it is the veterans responsibility to find the provider (even though ChoiceCard coverage only applies when a veteran can't get a VA appointment within 30 days or the service is geographically distant). In addition, Director Horn noted low reimbursement rates are a disincentive for service providers and often providers do not know how to apply to become a provider under the Choice program. Director Horn noted that it is her understanding that the VA owes an estimated \$40 million to Maine providers. Director Horn added that he VA should help educate providers about the Choice card billing process so providers don't resent the process.

Commission members Alley Smith and Adrian Cole spoke about lack of inpatient mental health services in Maine. Mr. Dewitt agreed that there is a gap and that veterans should not have to travel out-of-state for inpatient mental health services. Adrian Cole noted that many veterans will not seek mental health services because inpatient services exist only out-of-state.

Mr. Dewitt was asked how the State could support partnerships to provide a more timely response to veterans' needs. Mr. Dewitt replied that partnerships need to start at a very high level with the Governor and Director of BVS. Director Horn agreed that she is on board with the concept of forcing cooperation and building partnerships with the VA and noted that she has been appointed to the VA's Board. Mr. Dewitt commented that partnerships are being made at the local level through MMCN. Mr. Morrison added that the VA could train veterans to be counselors, which is a win-win scenario since veterans often seek out fellow veterans.

VI. Work session – potential findings and recommendations

General Libby provided some “advice from an old soldier.” He feels the Commission should focus on the things that the State can control and correct. He added that there is a danger to cherry picking [negative] data and stories. The State owes Togus and the federal delegation comprehensive information. General Libby feels that the State should provide the VA good supporting data about what the issues are relating to what the federal government provides.

A. Transportation

Rep. Golden stated that transportation seems to be an emerging issue that affects services provided to veterans. It appears that we are not meeting the need right now in getting veterans to appointments. For example, the DAV van is limited to appointments at Togus and not CBOCs. Rep. Golden asked Commission to look into the federal DAV charter to see what limitations may exist. Director Horn was not sure if that limitation is a federal mandate or if the VA DAV memorandum of understanding (MOU) restricts it. Commission member Adrian Cole agreed that transportation is an important, huge bubble issue. Director Horn pointed out that transportation can also be a barrier to employment.

B. Veteran service officers (VSOs)

Rep. Golden raised another potential finding, namely the importance of VSOs; some are doing their best, but are not certified and, as a result, may be doing more harm than good. Director Horn pointed out that some VSOs have years of medical and legal information about the veteran, while other VSOs may have no information. Unfortunately, until the veteran get the award claim returned, the veteran has no idea if the VSO filled out the claim properly or not. This is a disservice to the veteran. In some cases, the veteran becomes the victim; the veteran is at the risk of choosing the wrong VSO.

Commission member Randall Liberty asked if there might be a method for oversight of VSOs. Director Horn replied that she only has control over her employees. There is no peer review of non-BVS VSOs. Even the most capable VSOs may make a mistake, but there isn't a way to know if the VSO did. Commission member Randall Liberty asked if

there could be standardization and/or an on-going training process for VSOs as the consequences may be dire for the veteran. A potential recommendation of the Commission is to require standards and credentialing for VSOs.

Rep. Golden wondered if the State could seek out ways to incentivize veteran advocacy organizations to share information with BVS. The State may not be able to control the certification process since that is a federal function, but perhaps the State can develop best practices. Commission member Adrian Cole pointed out that power of attorney (POA) is usually part of the process when a service member allows an organization to file a claim through that organization. He was not sure if the POA is for each individual or a blanket POA for the organization. Director Horn added that if a veteran has POA with BVS then the Bureau can access VA databases; however, the veteran that has a POA with the American Legion, for example, BVS does not have access to that veterans' information in the national database.

C. Universities as access point for veterans' services

Rep. Golden commented that universities may be another access point for services to veterans. He feels that UMS campuses should have consistency in providing service to student veterans and noted that the Commission will talk more about this issue at future meetings.

The next meeting of the Commission will be held on Wednesday, November 4 beginning at 9 AM.

Commission adjourned.

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