



INNOVATION IN STATE-LEVEL VETERANS SERVICES:

A Comprehensive Review, Case Highlights, and an Agenda for Enhanced State Impact

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PREFACE

The U.S. states and territories play an important, yet often unseen, role within the broader national system of care that supports America's veterans, transitioning service members, and their families.

Every state—including the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands—operates a department or agency that supports veterans' access to earned benefits and services, and oversees state veterans cemeteries and veterans homes. Yet, these state agencies differ greatly on a range of factors: budgets, organization and staffing, breadth and depth of benefits and services, and engagement with federal and local actors (both public and nongovernmental) in service delivery, to name a few. Furthermore, public awareness of state-level policy and program innovations is scarce, which hinders local adoption of new ideas to meet veterans' evolving health and well-being needs.

This research study shines a much-needed light on state veterans agencies. Conducted on behalf of the New York State Health Foundation, the purpose of this project is to better understand the national landscape of state veterans agencies, identify leading program and practice innovations, and develop a strategic roadmap for the New York State Division of Veterans' Services.

The study required an extensive multi-method approach to assemble diverse, independent sources of original and secondary data and related information pertaining to state veterans agency operations, budgets, and leading practices. Major data collection and analysis efforts included the following:

- state-by-state review of public information and data on state veterans agencies,
- national survey of state and territory directors,
- in-depth analysis of 82 state-level innovative practices documented since 2014,
- 10 case highlights of state veterans agencies—supported through in-depth interviews; and
- 2 public data visualizations representing operational trends

The results of the study are presented in two separate reports. This report is the first of the two. The second report draws upon and applies the study's national findings specifically to New York State, and is titled, "A Strategic Roadmap to Enhance the Role and Impact of the New York State Division of Veterans Services."

Accordingly, this report presents the results of a national, cross-state comparative study of state-level veterans agencies and service delivery innovations. This report is organized around five chapters that offer insights on the landscape of state veterans agencies and their activities, concluding with an agenda for state agencies to incorporate innovative practices as they serve the nation's veterans.

EXECUTIVE SUMMARY

Project Overview

The U.S. states and territories play a critical role in caring for America’s veterans, transitioning service members, and their families. Every state—along with the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands—operates a veterans’ affairs agency, either as a stand-alone agency or as part of a larger organization (e.g., a department of military and veterans affairs). These agencies—hereafter referred to as state departments of veterans affairs (or DVAs)—are dedicated to helping veterans access earned benefits and services, and operate state veterans cemeteries and veterans homes. In addition, they provide or act as navigators to an array of other services, including behavioral and mental health, educational support, employment and training, housing and homelessness, legal assistance, and opportunities for business ownership.

However, DVA leadership may not always be aware of policy or program innovations undertaken by their counterparts. These knowledge gaps pose a barrier to the spread of promising new approaches to support military-connected individuals. Such gaps may also impede collaboration between the states, detract from nationwide continuity and consistency in service delivery, and hinder efforts to foster a vibrant community of practice.

Accordingly, this report presents the results of a national, cross-state comparative study of state-level veterans agencies and service delivery innovations. This required a multi-step, and multi-method, approach to assemble diverse, independent sources of original and secondary data and related information pertaining to DVA operations, budgets, and leading practices.

Major data collection and analysis efforts included the following:

- state-by-state review of public information and data on state veterans agencies
- national survey of state and territory directors
- in-depth analysis of 82 state-level innovative practices documented since 2014,
- 10 case highlights of state veterans agencies—supported through in-depth interviews; and
- 2 public data visualizations representing operational trends

Key Findings

From the data discussed above, three major categories emerged as being key enablers of success for DVAs: effective organizational arrangement, financial stability, and innovative service delivery. Below is a summary of our key findings for each category.

Organizational Arrangement:

In a national assessment of DVAs, a set of “high-performing” DVAs were identified. These DVAs were chosen as high performing based on data collected from survey responses and interviews collected from experts and stakeholders in the field. Across these DVAs, eight organizational criteria were identified as enablers of success for those DVAs. They were:

- **Leadership Continuity.** The Director has been in their position for three or more years.
- **Diversity of Work Experience.** The Director had civilian work experience outside of the DVA.
- **Federal Funding Stability.** Federal funding to the DVA has decreased each year by no more than 10% in four of the past five years.

- **Independence.** The DVA is a standalone agency not absorbed into a broader department such as Military Affairs.
- **Political Engagement 1.** The Director sits on the Governor's cabinet.
- **Political Engagement 2.** The Director reports directly to the Governor.
- **State General Funds Stability.** State General Funds received by the DVA have decreased by no more than 10% each year four out of the past five years.
- **State Special Fund Stability.** State General Funds received by the DVA have decreased by no more than 10% each year four out of the past five years.

Financial Stability:

As alluded to in the eight criteria above, a DVA's budget has tremendous significance in a DVA's ability to be successful. National state budget trends showed:

- State spending per veteran varies greatly depending on a state's size and veteran population. However, these are not the only factors that determine funding as some state's with more efficient programming spend less per veteran even with large populations
- State's that combined their departments of veterans affairs and military affairs had larger budgets, but much of the funding usually doesn't go to veteran service deliver
- Diversity of funding sources is crucial for DVA success. Diversity in funding sources enables reliability and consistency in funding
- Reliable funding is equally important as it allows leaders to make long-term policy plans and set priorities to align service delivery with other state service providers

Service Delivery:

DVAs traditionally exist to deliver three core services: benefits and claims assistance, cemetery and memorial management, and veterans homes. To expand their services, DVAs can learn from national trends in DVA service delivery including:

- Coordination with other state government and nongovernmental service providers in the state to align service priorities and help veterans more efficiently navigate services as well as broaden the scope of services available
- Specialized and tailored communications and outreach strategies
- Strategic planning that engages other state service providers to develop a long-term strategy aligned with other stakeholders in the state
- Adopt innovative practices from other states by engaging nationally in conversations around best practices

Summary Findings: A Nine-Point Management Agenda for State Leaders

State veterans agencies contribute significantly to the national effort to serve America's veterans and military families. This study reveals that, in addition to their traditional and long-standing role in supporting veterans through claims assistance and long-term care, DVAs are increasingly working to address the broader, often co-occurring health and social needs of veterans during and after the transition to civilian life.

It is clear that many DVAs also strive to promote veteran employment and expand educational opportunities; work to tackle challenges like homelessness, mental health, and substance abuse; support the development of new supportive services like veterans treatment courts; and join state and local service delivery networks that provide coordinated care where the transition process happens—in the communities where veterans live, work, and seek continued meaning and purpose in civilian life.

Even so, opportunity remains for states to pursue new innovations, adopt good ideas or leading practices across state lines, and enhance engagement with stakeholders across the public and private spheres at all levels. From the findings of this study, we offer a nine-point agenda for DVAs sustained or increased impact on those they serve.

1. STABLE AND EFFECTIVE LEADERSHIP. Stable leadership is vital for an effective DVA. Each of the profiled DVAs benefits from a continuity of leadership committed to serving veterans and their families, regardless of the DVA's formal position in its state government. It is best for a director to serve the entirety of a governor's term in office and, in some cases, carry over to a new governor's term. Such stability builds trust and promotes shared commitment to the mission in the DVA workforce.

2. CLEAR UNDERSTANDING OF VETERANS' AND MILITARY-CONNECTED COMMUNITY MEMBERS' NEEDS. Leading DVAs make understanding the needs of their veterans a top priority and base their decisions about allocating scarce resources, running programs, and conducting their operations on this knowledge. Some states employ a formal needs assessment to align veteran populations with services and resources. Typically, this is a commissioned study gathering multiple sources of state and local data, information, and insights from interviews and focus groups with service providers and veterans.

3. IMPROVED INTER-SECTOR/AGENCY COLLABORATION AND COMMUNITY COORDINATION. Top DVAs across the country used their unique position to become state-wide care coordinators that drive service delivery across networks of providers. Playing this role improves service delivery and takes advantage of the leadership potential of DVAs within states

4. ENGAGEMENT WITH THE GOVERNOR, STATE LEGISLATURE, AND OTHER POLICYMAKERS. Leading DVAs are engaged in the policy process and work with both the governor's office and the state legislature to advance policies positively impacting their states' military and veteran communities. This engagement depends on the state director reporting directly to the governor and being a member of the governor's cabinet. This gives DVA leadership enhanced credibility and opportunity for influence with the state's senior political leadership.

5. ADEQUATE, PREDICTABLE, DIVERSIFIED FUNDING. While DVAs operate in resource-constrained environments, those leading the nation in performance and innovation benefit from adequate, predictable funding. Leading states continue to explore additional financing mechanisms, such as state veterans' trust funds, individual donations, and funding from philanthropic organizations.

6. LOGICAL ALLOCATION OF ROLES, MISSIONS, AND RESPONSIBILITIES WITH OTHER STATE AND LOCAL STAKEHOLDERS. Leading DVAs work with state and local government agencies, community-based human and social services organizations, and employers and other members of the business community. These DVAs map the contributions of their partners, identify where the DVA can make the best contribution, and support—rather than duplicate or take over—roles better performed by others. In most leading states, DVA leadership views its mission as coordinating efforts to support veterans. This means empowering actors such as county veteran service officers, who are often the first point of contact with individual veterans.

7. REVISED, LONG-TERM STRATEGIC PLAN WITH SPECIFIC PERFORMANCE GOALS, OBJECTIVES, AND IMPLEMENTATION ACTIONS. Leading DVAs regularly engage in strategic planning to inform their decisions about resources, responsibilities, comparison of past and current performance, and collaboration with other stakeholders.

8. COMMUNICATIONS AND OUTREACH TAILORED TO THE NEEDS AND CIRCUMSTANCES OF THE FULL SET OF AGENCY STAKEHOLDERS. Leading DVAs use a range of communication media: websites, television, radio, social media, and advertisements in areas veterans commonly frequent. They make person-to-person engagement among their highest priorities, appearing at events that bring veterans together. This strategy allows them to effectively engage with veterans and educate them about benefits and services.

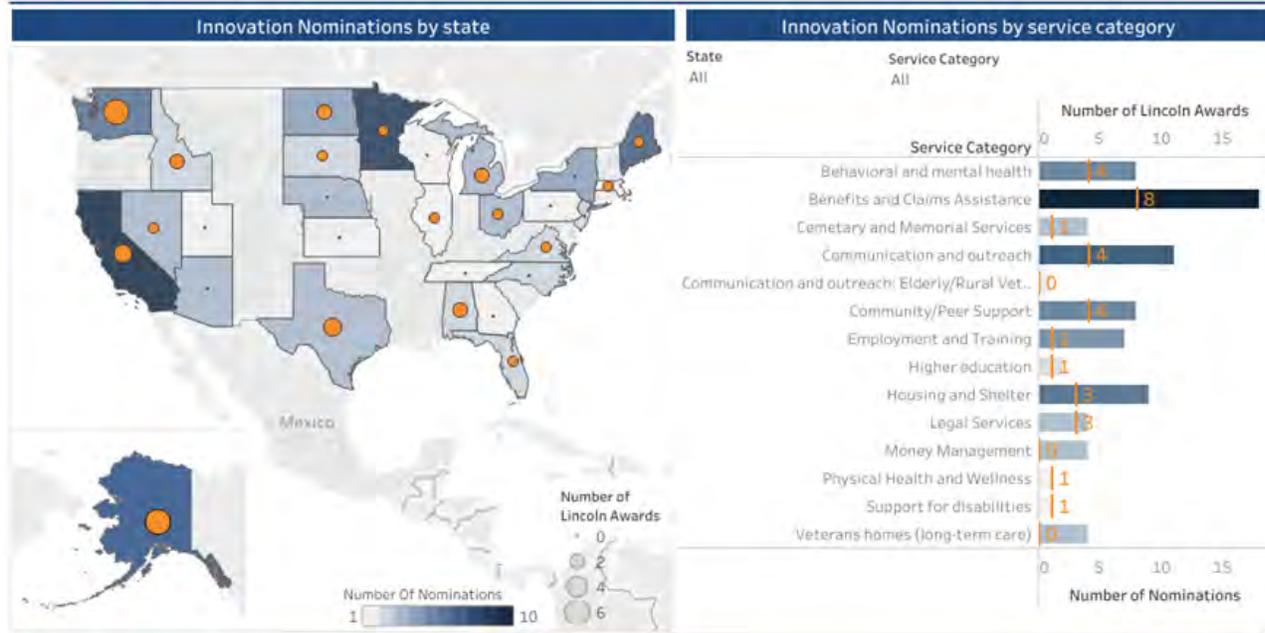
9. NATIONAL ENGAGEMENT. Leading DVAs deem engagement with state-level peers critical for innovation and continued improvement. They stress attending meetings of the state DVA community, most often at national events.

Interactive Data Visualization Tools

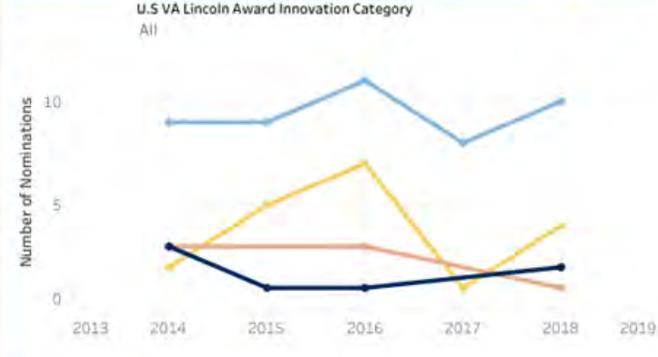
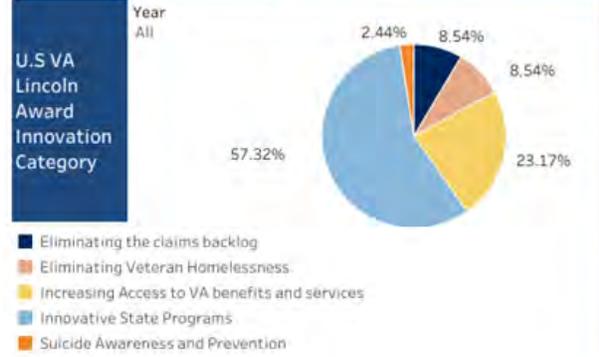
In addition to the report, the study team has developed two interactive data visualizations tools for public use that capture key insights on state-by-state DVA characteristics and practice innovations. Users may find these dashboards online at the following link: <https://ivmf.syracuse.edu/innovation-in-state-level-veterans-services/>



State Department of Veterans Affairs Innovation Dashboard



Nominations & Award Program Title	Service Category	State	Program/Practice Innovation	Awarded
Benefits and Claims Assistance		Alaska	Alaska Veteran Information System (VIS)	Yes
		Texas	State Strike Force/Fully Developed Claims Teams	Yes
		Washington	Veterans Health Care Advocacy Program	Yes
		Washington	Benefits Enhancement Program	Yes



Organization of the Report

This report is comprised of five chapters providing insights on the landscape of state veterans agencies and their activities, concluding with an agenda for DVAs to incorporate innovative practices as they serve the nation's veterans. The five chapters contain:

- CHAPTER 1: THE LANDSCAPE OF STATE VETERANS AGENCIES.** This chapter analyzes DVA leadership, organizational structures, budgets, and staffing.
- CHAPTER 2: NATIONAL SURVEY OF STATE DIRECTORS.** Seventy percent of state and territory veterans affairs directors (39 of 56) completed a survey, revealing insights into DVA operations, directors' perceptions of need among their states' veterans, and exemplar peer states to which they seek leading practices in serving veterans.
- CHAPTER 3: INNOVATIVE PRACTICES IN STATE VETERANS SERVICES.** This chapter examines states earning national recognition for innovative practices with four common themes: veteran outreach and engagement, community collaboration, use of technology, and inter-agency and cross-sector cost sharing.
- CHAPTER 4: CASE HIGHLIGHTS OF STATE VETERANS AGENCIES.** Ten case studies explain selected DVAs' history, services offered, organizational structure, budgets and staffing, specific practices and innovations.
- CHAPTER 5: CHARTING A PATH TO ENHANCED STATE IMPACT IN VETERANS SERVICES.** The chapter outlines a nine-point management agenda for states to improve service delivery and innovation.

TABLE OF CONTENTS

Preface	i
Executive Summary	ii
Table of Contents	viii
Introduction	2
Research Design and Methodological Approach	
Organization of the Report	
Chapter 1: The Landscape of State Veterans Agencies	8
Organizational and Leadership Structures	
State Veterans Affairs Budgets	
Chapter 2: National Survey of State Directors	21
Perceptions of Veterans' Needs across States	
Aspects and Challenges of DVA Service Delivery	
Inter-State Adoption of Innovations	
Chapter 3: Innovative Practices in State Veterans Services	30
Assessing State Innovations in Veterans Services	
Trends in State Innovations	
In-Depth Analysis of State Innovation	
Common Themes and Illustrations of State Innovations in Veterans Services	
Chapter 4: Case Highlights of State Veterans Agencies	60
Alaska Office of Veterans Affairs	
Florida Department of Veterans' Affairs	
Michigan Veterans Affairs Agency	
Minnesota Department of Veterans Affairs	
North Carolina Department of Military and Veterans Affairs	
Ohio Department of Veterans Services	
Tennessee Department of Veterans Services	
Texas Veterans Commission	
Virginia Department of Veterans Services	
State of Washington Department of Veterans Affairs	
Chapter 5: Charting a Path to Enhanced State Impact in Veterans Services	109
A Nine-Point Agenda for Enhanced State Impact	
Endnotes	113
References	119
Index of States Cited	123



INTRODUCTION

The U.S. states and territories play a critical role in caring for America’s veterans, transitioning service members, and their families. Every state, along with the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands operates a veterans’ affairs agency, either as a stand-alone agency or as part of a larger organization (e.g., a department of military and veterans affairs). These agencies—hereafter referred to as state departments of veterans’ affairs (or DVAs)—are dedicated to helping veterans access earned benefits and services, as well as operating state veterans’ cemeteries and veterans’ homes. In addition, they provide or act as navigators to an array of other services, including behavioral and mental health, educational support, employment and training, housing and homelessness, legal assistance, and opportunities for business ownership, among others.

While sharing a number of common responsibilities, DVAs still vary considerably in their specific roles and missions, leadership arrangements, and levels of resources. Moreover, in their capacity as “laboratories of democracy,” the states have adopted a wide variety of strategies for programming, outreach, and coordination of their DVAs’ efforts with other state agencies, as well as with the U.S. Department of Veterans Affairs (VA) and other partners at the national and community level. Such significant diversity across states creates many opportunities for experimentation and learning. However, state directors may not always be aware of policy and program innovations undertaken by their counterparts. These knowledge gaps threaten to inhibit the diffusion and uptake of promising new approaches to supporting the veteran and military-connected community. They may also impede collaboration between the states, detract from nationwide continuity and consistency in services, and hinder efforts to foster a vibrant community of practice where states can come together on issues of mutual concern.

Combined, these problems highlight the need for a comprehensive assessment of state-level veterans’ services to close existing gaps in knowledge, with the aim of facilitating more robust learning, best practice adoption, enhanced service continuity and consistency, and more active state-to-state engagement.

This report, written by the Institute for Veterans and Military Families (IVMF) at Syracuse University, provides such an assessment. The report is the product of a 24-month research effort to map the national landscape and assess veteran services innovations at the state level. The study team developed four research questions, outlined below.

Research Questions

- How do state veterans agencies’ leadership and organizational structures, programs and service offerings, and levels of resources—including aggregate budget funding and funding per veteran—vary across the United States?
- What do state leaders consider the most pressing needs of the populations they serve, as well as their own needs, service delivery challenges, and experiences with innovation, collaboration, and learning across state boundaries?

- In what service areas have state veterans agencies designed and implemented innovative practices, what types of innovations have they experimented with, and do these innovations exhibit any similar features, goals, or intended outcomes?
- What approaches and lessons learned could state leaders draw upon from their peer states to further enhance the impact of their own efforts?

Research Design and Methodological Approach

To answer the guiding questions above, the study team undertook a national, cross-state comparative study of state-level veterans agencies and service delivery innovations. This required a multi-step, and multi-method, approach to assemble diverse, independent sources of original and secondary data and related information pertaining to DVA operations, budgets, and leading practices.

Major data collection and analysis efforts included the following:

- state-by-state review of public information and data on state veterans agencies
- national survey of state and territory directors
- in-depth analysis of 82 state-level innovative practices documented since 2014,
- 10 case studies of state veterans agencies—supported through in-depth interviews; and
- 2 public data visualizations representing operational trends

We detail our methods employed for each step further below.

Landscape Review of State Veterans Agencies

Gaining appreciation for states' roles and potential in the broader national support system for U.S. military veterans requires establishing a foundation on what they do and the local context in which they operate. This starts with addressing several basic questions. For example, how are state veterans agencies organized? Who leads them? Where do they fit within the broader architecture of state and territory government? What services do they offer veterans and military-connected communities? How are they funded, and how large are their budgets and workforces?

To map the DVA landscape, the study team analyzed multiple sources of primary and secondary data on DVA characteristics. The end product—a systematic summary featuring comparable information on key DVA organizational attributes, programs and services, and levels of resources across all 50 states and territories—sets a base of knowledge and establishes context for subsequent investigation of state needs, challenges, and experience with service delivery and adoption of innovations.

National Survey of State Directors

The position DVA leaders occupy within the veteran support system makes them a key source of knowledge on the needs and challenges of America's veterans, service members, and their families. On the one hand, DVAs are sufficiently localized to understand and address needs that may be unique to veteran and military-connected populations in

particular regions of the United States. On the other, they are centralized enough to grasp important similarities and differences in needs across communities in a given regional area.

Existing research, however, is practically devoid of analysis incorporating the roles and perspectives of the states in veterans' services. This is unfortunate. Given the cost and technical complexity of implementing a nationwide data collection effort at the community level, collecting data from state-level actors is a much more efficient way to garner insight on variation of veterans' concerns: How do service needs vary between younger and older veterans? Male and female veterans? Post-9/11 and pre-9/11 veterans? Veterans in urban versus rural settings?

To capture perspectives on the needs of different veteran populations and state-level efforts to serve them, the study team designed and implemented an original, nationwide survey of DVA directors. The survey was distributed to 56 state and territory directors in collaboration with the National Association for State Directors of Veterans Affairs (NASDVA). The survey included questions designed to gather information in four primary categories, described below.

Operational. First, to validate information gathered as part of the landscape assessment, the survey included a series of questions on select agency attributes—including agency age, leadership and reporting lines, position within the state government, number of full-time staff, and budget size.

Perceived veteran population needs. Second, from a broad set of service categories, the survey asked directors to identify the top five needs of their veteran populations and whether these needs vary for specific sub-populations.

Barriers to state service delivery. Third, to understand states' service delivery experiences, the survey asked directors to identify their agencies' most significant challenges in delivering services, along with questions on innovations in individual service areas; collaboration with other state, federal, and local stakeholders; and complementarity or lack thereof between DVA services and services provided by other actors.

Perceptions of state peers and innovation adoption. Fourth, to identify patterns of cross-state learning and collaboration, the survey asked directors to indicate which among their peer states are most innovative in different service categories, and whether and for what reasons they have adopted practices from these states.

In addition, the survey asked each respondent a brief set of questions on their vocational and military service backgrounds. While distributed to directors, the survey included a question on the respondent's position in their DVA to allow for situations where an individual other than the DVA director completed the survey.

Thirty-nine states completed the survey (70% completion). Of the respondents, 38 identified themselves as holding the director's position and one the deputy director's position. The study team did not ask for personally identifying information such as an individual's name, and only reports aggregate results from analysis of the survey data.

Review of Innovative Practices in State Veterans Services

States have long been key drivers of policy innovation in the United States. The same is true in veterans affairs, where states have been particularly active in recent years. Example innovations span the broad spectrum of needs of the veteran and military-connected community. States, in particular, have held a long-standing role facilitating access to earned benefits dating back to the post-World War II era. In this vein, states continue to explore how they can better support veterans with timely preparation and submission of benefits claims. States have also sought out improvements in working with the VA and other stakeholders to reduce the claims and appeals backlog. Beyond claims support, states have explored improvements in veterans' homes and other long-term care settings despite strong resource constraints and have sought ways to further honor veterans through recognition ceremonies and certificates of appreciation for the elderly, disabled, and veterans from past service eras.

More broadly, states have made key contributions to complex socioeconomic and health care challenges affecting veterans. They have contributed significantly to reducing veteran homelessness, worked to curb veteran suicide, and created veterans treatment courts. They have partnered with veteran-friendly employers and developed programs for women and minority veterans. They have strived to reach the unreached in rural and remote areas. And, they have made renewed commitments to the forgotten veterans of Korea and those marginalized by Vietnam. Above all, they have harnessed their scale and resources to bring people, organizations, and communities together in ways other actors cannot.

These efforts point to questions such as what are innovative states' keys to success? What (if any) features do innovations across states and service categories have in common? How have states tapped partnerships, technology, funding sources, and other tools to make innovation happen? How can one state's practices be shared with other states?

Accordingly, the study team devised a two-step process to examine: (1) known service delivery innovations across states representing the diversity of service deliver categories; and (2) case highlights of select DVAs that are held in high regard among peers as innovators (from the national survey) and represent diversity on a number of factors including geography and other contextual factors. We detail these efforts below.

Assessing innovative practices in state veterans services. To identify leading practices across U.S. states and territories, the study team assembled an inventory of service delivery innovations drawn from the VA Pillars of Excellence Program. Established in 2012 under a partnership between the VA and the National Association of State Directors of Veterans Affairs (NASDVA, the professional association of DVA leaders), the Pillars of Excellence program gives states a once-a-year opportunity to nominate their service delivery innovations for recognition as a leading practice in the DVA community.

The study team's inventory includes every innovation nominated for recognition since 2014, 82 distinct innovations in total. As a national initiative to identify and recognize key advances in state level veterans services, these innovations reflect what states deem to be their most groundbreaking efforts and what they see as especially critical to disseminate to

their colleagues across the country. Moreover, the innovations span multiple service areas, including behavioral and mental health, benefits access, communications and outreach, housing and homelessness, and others.

For purposes of this study, the full set of 82 nominations (not just those awarded) offer an opportunity to explore concrete examples of leading programs and practices. The study team analyzed each innovation along several dimensions. This included the specific service challenge it addresses, as well as its objectives (e.g., connecting veterans with services or promoting enhanced collaboration); use of alternative funding sources (e.g., state budget appropriations versus grant funding); differences in rollout and communication strategies (e.g., social media or word of mouth); and use of different types of technology. This allowed the team to map key innovation efforts in detail, compare innovations along multiple dimensions to identify similarities and differences, and develop questions and considerations for states considering adopting innovations based on their peers' experiences.

Case highlights of state veterans agencies. In addition to assessing individual innovations, the study team also selected a core group of diverse and innovative state DVAs to profile. Consistent with our aim to highlight the rich variety in ways, means, and ends of different states' innovation activities, the team used a "diverse cases" selection approach.¹ This approach entails selecting cases to "illuminate the range of variation"² in different variables of interest—here, in geographic representation and diversity of states by socioeconomic conditions and veteran demographics, and in the nature of the innovative practices themselves.

To select individual states, the study team first used its survey of DVA leaders, which asked the leaders to (i) identify up to five states other than their own that they see as national innovators and (ii) indicate service areas in which the states they identified have been innovative. Based on the survey responses, the team established an initial list of 36 states as candidates for the case studies. The team then compared these states by geography and demographic characteristics of their veteran populations, further winnowing down the list to 10 states of interest. Collectively, these states represent the major geographic areas of the United States; provide for rich demographic diversity in terms of the overall size and makeup of their veteran populations across genders, age groups, service eras, and the urban-rural divide; and are home to DVAs that have been especially effective in developing practices to tackle different kinds of challenges facing the veteran and military-connected community.

Interactive Data Visualizations

Finally, the team developed two public-facing, interactive data visualizations that aggregate data and information gathered from the landscape review, national survey, and innovations review. These dashboards capture key insights on state-by-state DVA characteristics and practice innovations. Interested users may find these dashboards online at the following link: <https://ivmf.syracuse.edu/state-veterans-services-innovations/>.

Organization of the Report

This report is organized into five chapters and an epilogue. Chapter One presents the analysis of the DVA landscape, comparing key organizational attributes of DVAs, budgets and finances, and select programs and services. Chapter Two provides an overview of results from the national survey of DVA directors, highlighting what directors perceive as the most critical needs of their veteran populations, challenges in delivering services, and experiences with innovation, collaboration, and cross-state learning. Chapter Three presents the comprehensive assessment of the innovative practices inventory, providing a descriptive analysis of the inventory as a whole and detailed analyses of individual innovative practices purposefully selected for comparison by type, objectives, funding, and related dimensions pertaining to communication/dissemination and use of technology. Chapter Five concludes the report with a nine-point management agenda for states to improve service delivery, cultivate innovation, and promote learning, practice sharing, and cross-state engagement. Finally, the Epilogue presents a strategic roadmap with recommendations for the New York State Division of Veterans Affairs to consider consistent with this agenda.

Chapter 1

The Landscape of State Veterans Agencies

State directors of DVAs face many significant challenges in their pursuit of excellence in caring for and supporting their states' veterans, but perhaps one of the most critical is lacking access and information about their peers—other DVAs. While some of this information may be publicly available on DVA websites, information gathering on other states' organizational structure, budgets, and services for directors and DVA staff members can be burdensome and inefficient. The landscape assessment portion of this report aims to provide valuable and relevant information about DVAs in a compact way for directors, staff, and board members of DVAs to use to inform decision-making within their agency. We focus on organizational and leadership structures, annual budgets, and programs and services to provide much-needed context and analysis to DVAs in all 50 states, Washington, D.C., Puerto Rico, and Guam.

Organizational and Leadership Structures

DVAs vary significantly in size, complexity, and in their position within state government bureaucracies. Though each state's veteran population is unique in size, demographics, and needs, there are many similarities in how DVAs are structured across the country, both internally (within the DVA) and externally (within the larger state government apparatus). These organizational structures ultimately matter because they can influence the DVA's service delivery, resource and budget allocations, and representation of veterans' issues to governors. To gain a better understanding of the variety of organizational structures within DVAs, we analyzed each DVA's leadership structure and both internal and external operational frameworks, including all 50 states, Washington D.C., and the territories.

Internal Structure

The internal structure of DVAs is representative of not only the needs and concerns of each state's veteran population—which influence the types and mediums of service delivery—but also stakeholder populations who are engaged within the state on veterans' issues.

Boards of advisors. More than half of all DVAs have some form of a board of advisors, comprised of stakeholders and members of the community who advise and recommend internal operational policies to the director or commissioner of the agency. Advisory boards in both North Carolina (North Carolina State Veterans Commission) and Ohio (Ohio Department of Veterans Services Advisory Committee) represent a diverse set of veteran serving organizations (VSOs) like the American Legion and the Veterans of Foreign Wars to organizations representing female, African American, and religious veterans (e.g., Catholic War Veterans of the U.S.A.). While most boards of advisors to DVAs are similarly composed of VSOs, Iowa's Commission of Veterans Affairs is a nine-member commission appointed by the governor to advise the governor and his/her office on veterans-related legislative issues. Six of the nine members represent VSOs within Iowa, two are from the Iowa National Guard and the Iowa Affiliate of the Reserve Officers Association, and one is an expert member of

the public. Diverse boards like the three above can both solidify and engage veteran support through the public (via representation from VSOs) and leverage varying perspectives among veteran leaders within the state to improve the DVA's service delivery and operational effectiveness.

Internal leadership. Under the leadership of the DVA's secretary, director, or commissioner (depending on structure of DVA; see below), internal management structures and reporting channels differ significantly across states. Almost two-thirds of DVAs (33) have a deputy director. These deputies may have their own program portfolio or oversee subordinate directors and program staff. For example, Tennessee's Department of Veterans Services utilizes four assistant commissioners—one for external affairs and three for each of the three DVS regions. The latter three assistant commissioners use regional directors to supervise the nine field offices serving Tennessee's 95 counties. Utah has a similar structure, with state officers in charge of each of the DMVA's four regions. But even for these programs, more than one-third of DVAs do not have program department directors who oversee one specific program. In many cases, this is due to the scope of the mission and responsibilities of the DVA, which could be limited to VA claims and benefits, veterans' homes, and cemetery maintenance. States with larger veteran populations may have a more complex set of issues and service areas to address through DVA programs. For example, 16 directors manage dozens of programs and offices within Texas' Veterans Commission below the executive and deputy directors. On the other hand, DVAs in Vermont and West Virginia have small staffs, thus reducing the need for multi-layered hierarchies. However, given the growth of responsibilities and service areas of many DVAs, most have program or regional directors who report to the deputy director and secretary.

Tailored service offerings. The missions of DVAs are clear: to serve military veterans residing within their state. This mission of service in some cases differs based on the veteran population and whom the DVA is working to serve. Service delivery through the DVA can sometimes be broad enough to extend assistance and services to all veterans equally. However, even though a state may offer one or more employment programs or services, target groups within a veteran population (e.g., women, LGBT, minority, rural, poor veterans) may have specific needs, situations, or concerns that are not met by those umbrella programs. States like California, Indiana, and New Mexico offer multiple programs within a given service category aimed at different constituencies. Some California programs target minority veterans, whereas others of Indiana's and New Mexico's address the unique needs of women veterans. While these tailored service offerings may indicate the financial and human resources available to DVAs, they also reflect the circumstances and needs of each state's veteran population.

External Structure

Department structure. Each DVA fits differently within the macro-level organization of its state government. Some are independent agencies, some combine with military affairs, and others rest under the umbrella of another agency altogether (See Figure 1). Most DVAs (36) are stand-alone entities within their state governments with their own director or secretary providing leadership and decision-making authority for the entire department, including deputy directors and program directors. Oklahoma’s DVA is an independent agency, which has an executive director, a deputy director, and 15 directors, administrators, and liaisons who are responsible for the agency’s programs and services. In nine states, DVAs are situated within a Department of Military and Veterans Affairs (DMVA). In some cases, like Pennsylvania and Kentucky, the DMVA is led by the adjutant general (TAG)—a career military officer in charge of the state’s National Guard reserves—and the head of the DVA is either a deputy director (e.g., North Carolina and Pennsylvania) or one of several lower-ranked directors (e.g., Alaska, Colorado, Michigan, and New Jersey). In all of these organizational arrangements, the official in charge of the DVA reports to the TAG, who sometimes has the title of DMVA commissioner. A third arrangement—in which DVAs are placed under non-DMVA agencies—seems to be a function of a state’s capacity and service delivery conditions. Five states have these configurations, with DVAs typically falling under a Department of Defense or Safety (Hawaii, Missouri, and Maine). Delaware’s DVA is under the jurisdiction of the Department of State, New Hampshire’s under the Department of Health and Social Services.

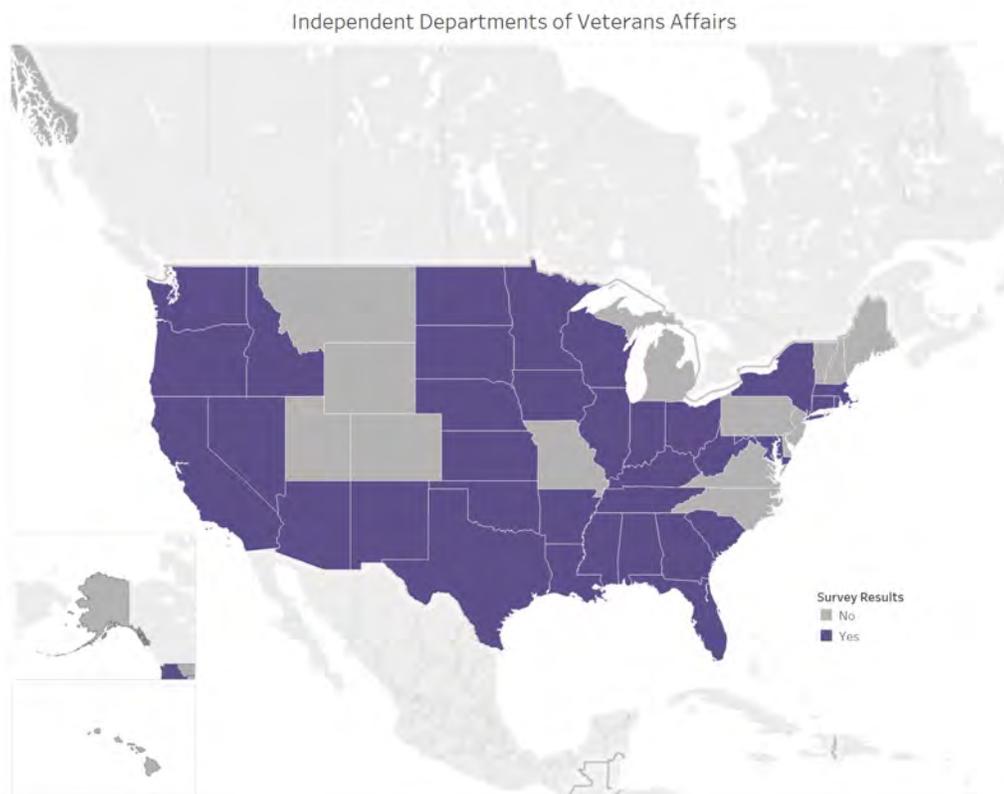


Figure 1. Independent Departments of Veterans Affairs

Departmental structure has profound impacts on how DVAs deliver services and connect with veterans in their communities. One DVA director noted that in states where the DVA is a stand-alone agency, the DVA can provide services in an “unfettered way,” because if the DVA is combined under a DMVA, the National Guard receives organizational priority. Under a DMVA, some DVA directors worry that priorities may not align between TAG and the DVA director. One DVA official from Tennessee noted in an interview that:

“That distinction is important...a military affairs organization has an economic engine viewpoint, whereas a veterans affairs organization may take a benefits approach to how they do business. That’s where their goals are different.”³

Even though multiple state directors reported cross-agency collaboration in their states, some noted that these relationships are more difficult to maintain when a DVA doesn’t have decision or allocation authority as an agency within a DMVA. But even for states whose DVA director reports to TAG, both parties’ work must be aligned toward the same goals to maximize the DMVA’s potential impact on veterans within the state, as a different DVA director recommended.

Membership in governor’s cabinet. As state agencies, DVAs frequently have the opportunity to be centrally engaged in the operations of the state government through membership on the governor’s Cabinet. However, even though the majority of DVAs are stand-alone agencies (36), almost half (25) of all DVAs are not a part of the governor’s Cabinet (See Figure 2). While some of these DVAs may be situated within a larger DMVA, thus seceding

State Director of Veterans Affairs Membership in Governor’s Cabinet

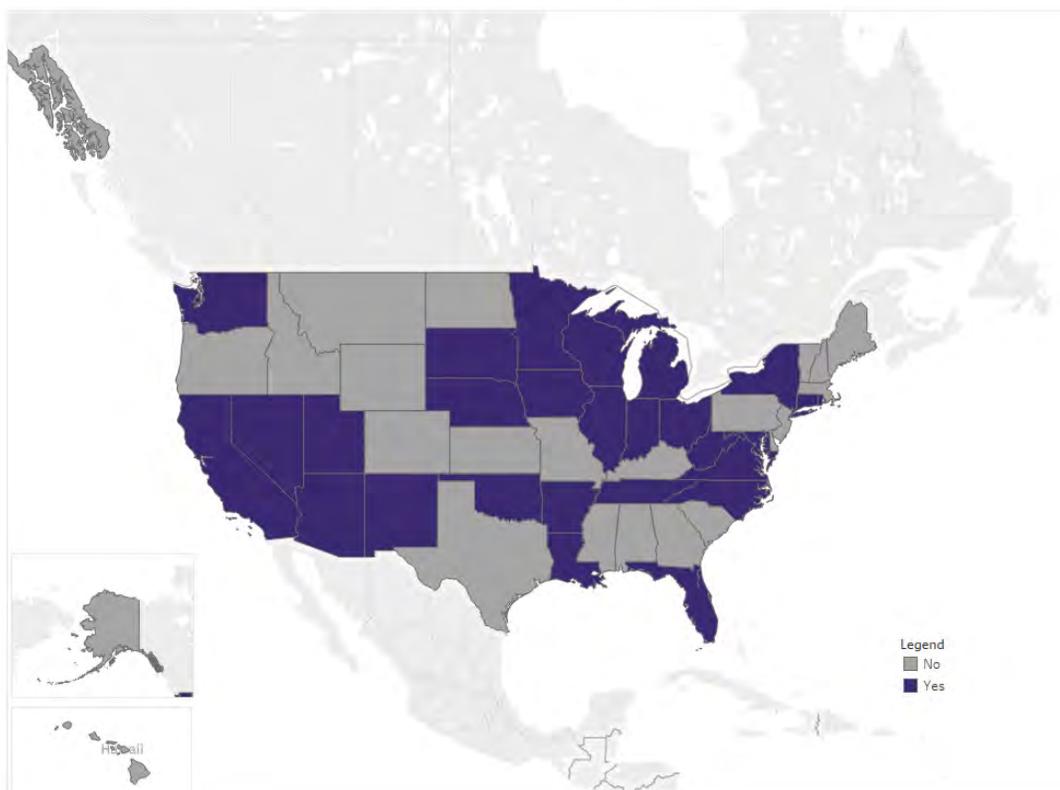


Figure 2. Membership of DVAs in Governor’s Cabinet

Cabinet representation to TAG or high-ranking DMVA official, representation in Cabinets may also reflect the policy areas that affect the most citizens residing in the state. For example, while the DVA is a stand-alone, state-level agency in Alabama, North Dakota, Oregon, South Carolina, and Texas, it is not included on the governor's Cabinet. As Figure 2 shows above, nineteen states have this configuration, particularly Southeastern, Mountain West, and New England states. Pennsylvania has a unique configuration: a veterans' policy advisor serving on the Cabinet while the director/TAG of the DMVA does not.

Membership and representation in the governor's Cabinet is an opportunity for DVAs to engage with high-level state leadership on veterans' issues to secure financial, administrative, and executive support for their programs and services. DVA directors and program officials from Alaska and North Carolina noted that being members of the Cabinet enables them organizationally to be the primary player in state government on veterans' issues.⁴ The benefits of membership do not only entail having the ear of the governor; DVAs can also use their presence within Cabinets to engage with other state agencies. As DVA officials from Virginia noted, being on the Cabinet can encourage cross-agency collaboration and veteran-centric programming in these other agencies, and build greater support within the executive branch for the DVA's programs and services.⁵

In addition to the benefits of being on the governor's Cabinet, it is as important for DVAs to connect and work with state legislatures to share their mission and goals with those who will craft legislation and budgets. A DVA official from Washington State noted that having these productive and informed relations with state legislators increases the probability of support—legislative, budgetary, and publicity—and understanding of the DVA's programs and services.⁶

Reporting channels to state governor. Finally, accountability standards and reporting channels are critical to the success of DVAs around the country. Unlike Cabinet membership and individual department characteristics, there is great variety in the accountability and reporting mechanisms for these agencies (See Figure 3). Since most DVAs are stand-alone state agencies, they report directly to the governor and are held accountable within the executive branch (34). This largely follows the configuration of DVAs as independent departments or as agencies within parent agencies (e.g., DMVAs). Outside of these 34, directors of DVAs in 16 states report to the director or TAG of their parent agency; the directors of Alaska's and Utah's DVAs report to TAG of the DMVA. In many cases, TAG or director of the DMVA then reports directly to the governor and is held accountable accordingly.

Georgia and Mississippi have unusual reporting and accountability hierarchies, in part because neither directors are accountable to the governor. Georgia's governor appoints seven members of the State Veterans Service Board (SVSB), subject to confirmation by the Senate. The members of the SVSB then appoint the commissioner of the Department of Veterans Service, thereby exerting control over DVS policy. Through this hierarchical design, the commissioner reports to the board instead of the governor. Mississippi's State Veterans Affairs Board (MSVAB) is structured similarly to Georgia's SVSB, and the board appoints the executive director of the MSVAB. In states like these, DVA directors must develop other

Reporting Channels of State DVAs to Governor

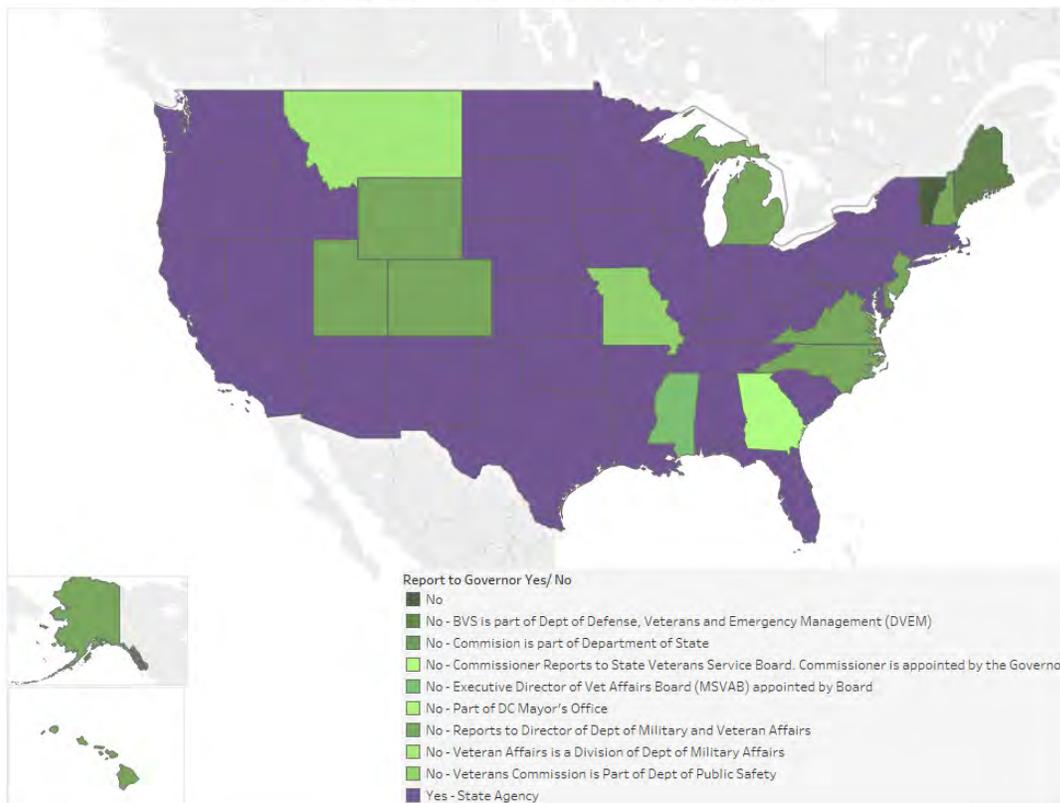


Figure 3. Reporting Channels of State DVAs

methods to work with members of the state legislature on appropriations and operational support for the programs and services they provide to their states' veteran population.

DVA officials remark that access to the governor through formal reporting channels helps ensure both accountability and awareness of DVA programs. DVA officials from Virginia indicate the importance of open communication, open trust, and ongoing commitment to the mission of the agency, both within the agency and in the wider state government. A DVA official from Virginia noted that to marshal support for the DVA's mission, programs, and services, it's critical that states bring the governor's team on board to provide executive support and ideally become a champion of the DVA's agenda and positive impacts on veterans' lives.⁷ Governors also use these reporting channels to ensure that their states' agencies utilize state resources in the most cost-effective ways. Given that many DVAs have small budgets compared to other state agencies, DVA staffs are particularly sensitive to using their limited resources to reach the most veterans possible in providing assistance, services, and connecting them to community organizations and the federal Department of Veterans Affairs. DVA staff and directors can use their reporting channels to build support for their programs and to highlight their cost-effective operating models.

State Veterans Affairs Budgets

Equally as important to the mission of serving veterans is the financial and resource support that DVAs receive from state and federal sources. As states have expanded the programs they offer and engage more frequently in collaboration with local governments and community organizations, resource and budget constraints push DVAs to make the greatest cost-effective impact possible. While we made every effort to assemble the most accurate data possible on DVA budgets, our presentation of the financial picture on a state-to-state basis may not be fully complete, given limitations in some states' reporting. To understand how DVAs are resourced and their spending history, we analyzed each DVA's budget data and nationwide trends of DVA funding from Fiscal Year 2015 to Fiscal Year 2019.

DVA Budget Overview

Funding for DVAs is diverse and complex, with dozens of state and federal sources for varying sizes of DVA operations. Fiscal year 2018 saw an overall increase in total state budget allocations for DVAs from past years to \$3.3 billion across all states. Even so, a great disparity exists in the size of budgets across states. Oregon had the largest DVA budget, over \$524.5 million in fiscal year 2019, with California second at \$426 million. On the other hand, New Hampshire's DVA had \$637,868 in budget allocations for the same period. More than half (28) of states had DVA budgets under \$50 million; half of these DVAs operated on less than \$10 million in fiscal year 2018.⁸ The remaining states, whose DVAs' budgets exceeded \$50 million, were an equally diverse group by total veteran population and demographics. However, many of these top 22 states have large veteran populations or expansive veterans' homes networks, like Wisconsin, Minnesota, and Oregon. This group of states also has extensive success at attracting federal dollars to DVA programs or has significant veteran trust funds accessible for program and service financing.

Figure 4 highlights the range of budget sizes across states. Midwest and West Coast DVAs generally have larger budgets, in part due to large veteran populations (California, Washington, Illinois, and Michigan) and large veterans homes networks (Minnesota, Wisconsin, Missouri, and Iowa). Outside these two regions, DVA budgets are largely related to the size of a state's veteran population, particularly in Florida, North Carolina, Pennsylvania, Texas, and Virginia. Three outliers—Alabama, Colorado, and South Carolina—do not fit these trends: Colorado and South Carolina have large populations of over 400,000 but have DVA budgets under \$4 million. South Carolina's DVA budget is one of the smallest at \$1.7 million. Alabama's DVA is unusually well resourced for the size of its veteran programs, perhaps due to the scale of programs and services the DVA provides in collaboration with community organizations and the VA.

DVA budget allocation is also peculiar when analyzed at the per capita level because issues of size, scope of DVA programs, and access affect the costs per veteran. Alabama's DVA was allocated \$3,597 per veteran in fiscal year 2019, the highest among all DVAs; Maine came in second at \$1,830 per veteran. On the other extreme, South Carolina's DVA was allocated

DVA Total Funding, FY19 (All Sources)

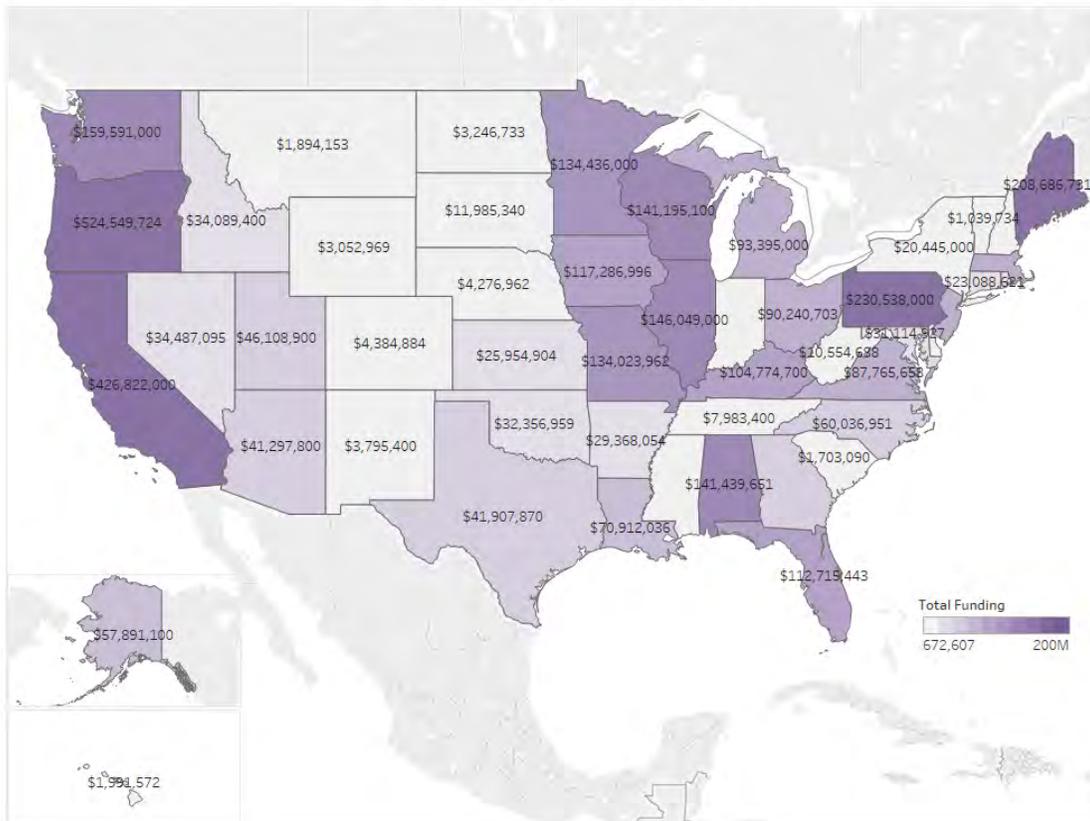


Figure 4: DVA Total Funding, FY 2019 (All Sources)

\$4.23 per veteran in fiscal year 2019. Similar to total DVA budgets, this is a huge difference among states, as seen in Figure 5. The size of the states’ veteran population and the scope of the DVA’s mission and activities obviously impact these numbers, but spending per veteran also reveals two important caveats to the overall funding discussion.⁹ Many DVAs report that engaging and connecting with rural veterans is expensive, sometimes with prohibitive travel costs (e.g., Alaska). These efforts to connect rural veterans with state and federal benefits they are eligible for increase the costs of DVA activities and require more state or federal budget support, even if their veteran populations are relatively small.¹⁰ Secondly, care per veteran by the DVA may be diffused through collaborations among the DVA, federal agencies, community organizations, and private sector businesses. The presence of community collaborative networks—helping to connect and improve care for veterans—may lead to smaller DVA allocations per veteran, particularly in states like South Carolina and Texas.

DVA Funding per Veteran, FY19 (All Sources)

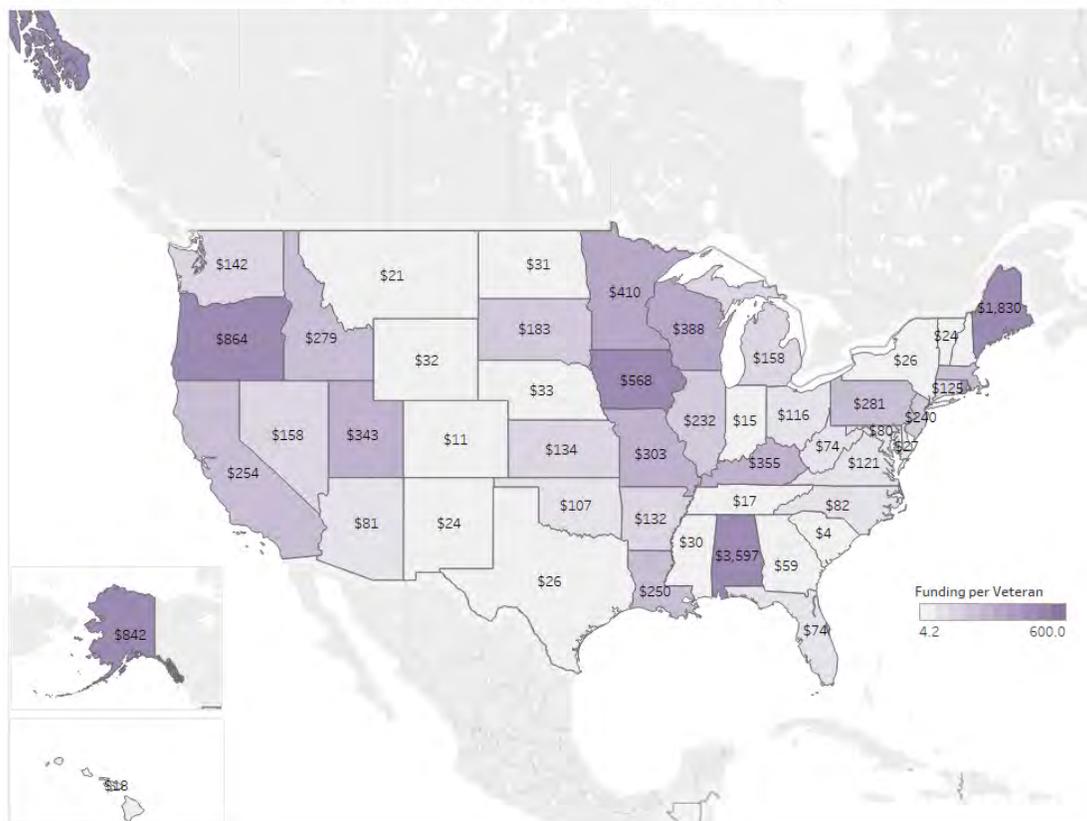


Figure 5. DVA Funding per Veteran, FY 2019 (All Sources)

Sources of Funding

DVAs typically receive income from three sources: state general funds, federal funds (traditionally the VA or other federal agencies), and other state funds. Most DVAs use resources from a combination of these three sources (See Figure 6), even though some states do not receive any federal funding for DVA programs. Figure 7 shows that among these combinations of funding sources, almost half use state general funds as their primary funding source (24) and over one-third use other state funds (18) as their primary source.

States whose DVA is primarily funded through general fund appropriations typically have large veteran populations (California, New York, Ohio, Tennessee) or smaller veteran housing programs (Indiana, New Jersey). These states differ from those that primarily use other state funds; those states generally have both large veteran populations and large veteran home networks (Texas, Florida, Virginia, North Carolina, Minnesota, and Illinois). Such state funds come from a variety of sources—from veteran trust funds and state housing funds to state lottery funds. For example, Missouri’s DVA received over \$23.6 million through transfers from the Missouri Gaming Commission in fiscal year 2017.¹¹

Primary Funding Sources in State DVA Budgets for FY19

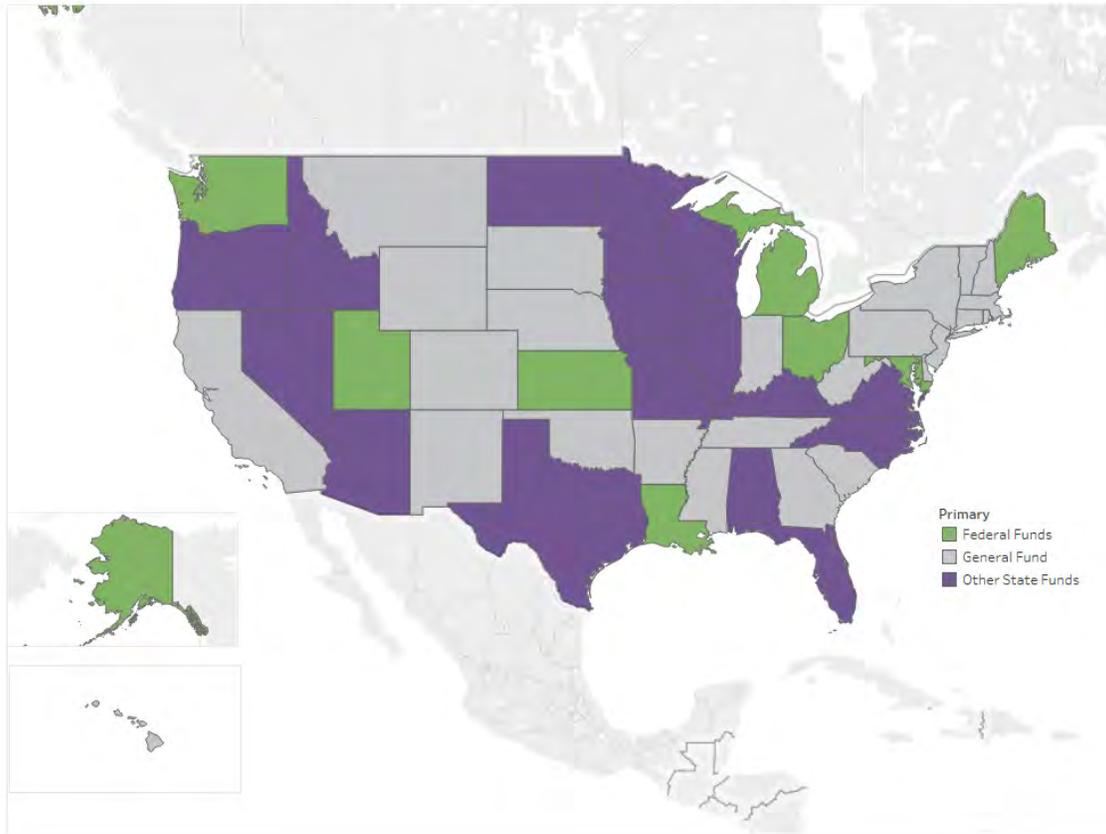


Figure 6. Primary Funding Sources in DVA Budgets, FY 2018

State DVA Budget Composition, FY 2015-2019

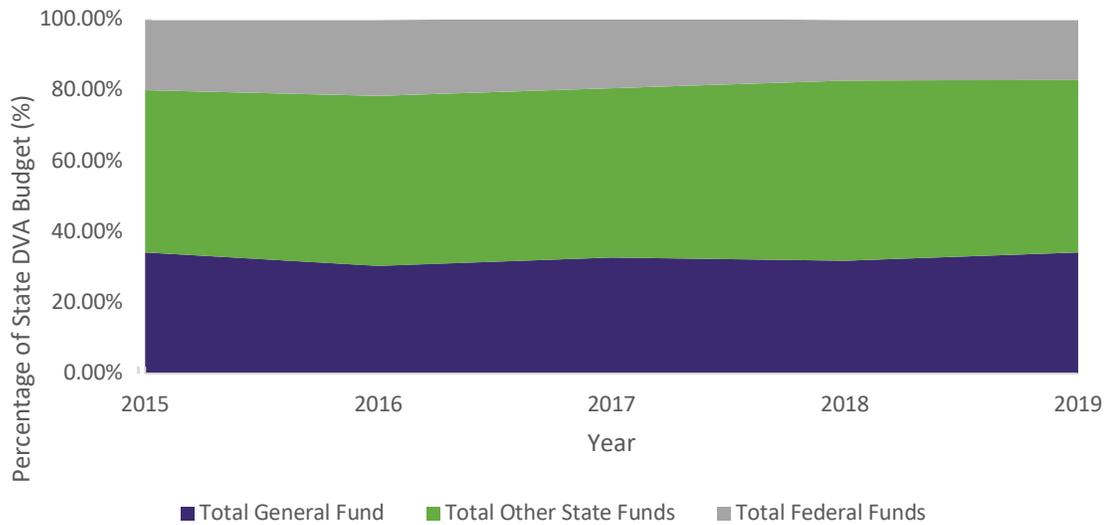


Figure 7. Composition of DVA Budgets by Funding Source, FY 2015-2019

States that receive primarily federal funds for their DVA are a diverse group. Some of these DVAs are situated within other state agencies (Maine, Michigan, and Utah), which could constrain the ability of the DVA to secure state funding outside of DMVA or other agency appropriations. These DVAs might pursue federal funding for their programs to compensate for smaller DVA budgets (as most DMVA funding is directed toward the National Guard).¹² Other DVAs that receive federal funding have pursued similar strategies; Washington State, for instance, secured more than \$93.7 million in federal funding in fiscal year 2018.¹³

DVA Budget Trends and Outlook to Fiscal Year 2019

As DVAs look forward to fiscal year 2019 and continued success of their programs, it is important to note that both state and federal governments are becoming more supportive financially of DVAs and their programs; DVAs are projected to receive almost \$3.4 billion in 2019.¹⁴ However, budget allocation growth has been slowing since 2016, including a period of negative growth from fiscal year 2017 to fiscal year 2018 (See Figure 8). Over half (29) of DVA budgets increased from 2017 to 2018, with some increasing by over 70 percent (Indiana, North Dakota). Most budget increases ranged from 0.4 percent to 20 percent. States whose DVA budgets decreased (20) typically dropped between 1 percent and 15 percent, with a few large outliers (Oklahoma, Vermont, and Arkansas). Wyoming’s DVA had the only level budget from fiscal year 2017 to fiscal year 2018.

Three interpretations emerge from this data. First, DVAs may increase their programs, due to a growing understanding of the co-occurrence of veterans’ needs, prompting greater budget allocation requests for 2019.¹⁵ On the other hand, annual budget growth could be slowing because DVAs increasingly share the burden of service and engagement with community nonprofits, philanthropies, private sector organizations, and other state agencies. And as

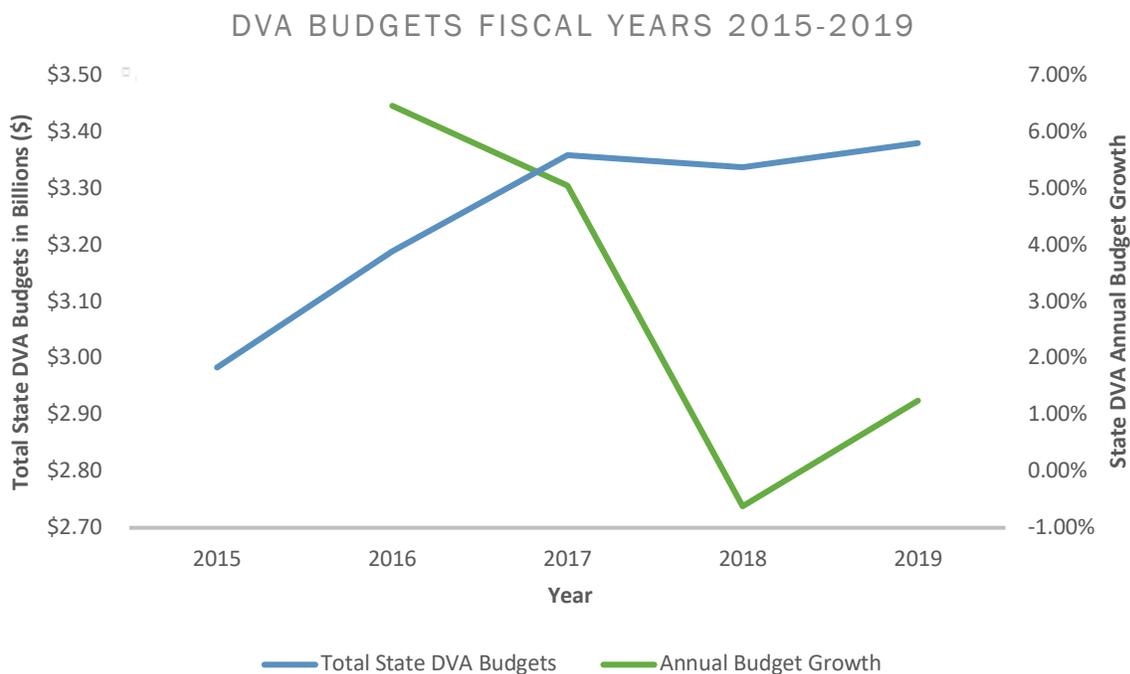


Figure 8. DVA Budget and Annual Growth, Fiscal Years 2015-2019

community collaboration, networks, and interagency relationships expand, multiple DVA officials from Nevada and Virginia noted, DVAs may find they can reduce direct expenses.¹⁶

Programs and services. As public, private, and nonprofit organizations and government agencies mobilize human and financial resources to serve veterans and their families, the role of DVAs is changing significantly. DVAs were established to be the main point of contact for three key veterans' issues: benefits and claims, long-term care, and military cemeteries and burials. DVAs continue to perform those functions with particular innovations in claims assistance and veteran home management and long-term care. Their portfolios, though, have expanded to include employment and training assistance, higher education programs, financial support mechanisms, and homelessness programs. NASDVA compiles an ongoing database of programs DVAs offer for all 50 states, Washington, D.C., and the territories. While not including all programs offered by every DVA, the database provides a valuable view into the range of service areas DVAs address and examples of programs that are implemented across states. In this section, we highlight three of the expanding service areas in which veterans engage with DVAs.

Money Management and Financial Support

Veteran property tax exemptions. One of the few DVA programs to be implemented across all 50 states was a veteran property tax exemption. Frequently, only disabled veterans are eligible for exemption. Some states require a 100 percent disability rating (e.g., Alabama, Colorado, Georgia, Nebraska), while others have lower thresholds of 10 percent to 50 percent (e.g., Florida, Idaho, Illinois, Massachusetts). Delaware is the only state not to offer a veteran property tax exemption; it does, however, offer an income tax deduction of \$2,000 for veterans under age 60 receiving pensions and \$12,500 for those over 60.¹⁷ Some states, like California, offer similar but smaller property tax exemptions to all veterans who reside within the state. Deduction amounts range widely as well, from \$700 off the total assessed value of property in New Hampshire for 100 percent disabled veterans up to \$300,000 off in Minnesota for 100 percent disabled veterans.¹⁸

Military retirement pay tax exemptions. Almost all (44) DVAs offer military retirement tax exemption benefits for all veterans. Twenty states do not tax military retirement pay, while 13 have special provisions for military retirement pay related to the amount that can be deducted from income taxes. In some cases (e.g., Arizona, Washington, D.C., Indiana, and North Carolina), the tax exemptions are relatively small, from \$2,500 to \$8,000. In others (Colorado and Delaware) veterans can deduct from \$12,500 to \$65,000, depending on their age.¹⁹

Employment and Training

Veteran licensing and certification programs. Forty-four DVAs sponsor workforce development and transition programs for veterans that work with state and federal authorities to enable veterans to secure credentials based on military work experience. Midwest states like Illinois, Iowa, Minnesota, and Wisconsin have been recognized as leaders in their creative licensing programs. Wisconsin's Vet2RN program creates a streamlined pathway for military LPNs to earn their R.N. degree. Iowa's offers a Licensure by Endorsement arrangement for emergency medical technicians. DVAs have also collaborated

with colleges and universities: The Minnesota DVA works with Lake Superior College to offer an MDVA-approved practical nursing program for veterans with medic field experience.²⁰

Housing and Shelter

Home loans and grants. Sixteen DVAs collaborate with state housing agencies or corporations to provide housing benefits to veterans in the forms of loans and grants. Alaska, California, and Mississippi's DVAs distribute housing loans to resident veterans for homes within their state. Alaska's DMVA works with the Alaska Housing Finance Corporation and Mississippi's Veterans Commission with the Veterans Housing Planning Board to facilitate loans to eligible veterans. In addition to loans, states like Massachusetts offer no-down payment mortgage financing for veterans. Massachusetts' program is collaboration between the Department of Veterans Services and MassHousing, an affordable housing state agency.

State homeless programs. Almost one-third of states participate in or lead a state homeless program that aims to eliminate homelessness among veterans in their state. These programs are most often cross-agency efforts at the state level, with collaboration from the VA and the U.S. Department of Housing and Urban Development to develop the resources available to find veterans temporary housing and enable them to pursue sustainable long-term solutions. Since President Barack Obama announced his administration's campaign to end veteran homelessness in 2010, 3 states and 60 communities have achieved that goal.²¹ Two of those states—Delaware and Virginia—have pursued veteran homelessness efforts as part of larger state programs to reduce their state's homeless population. Virginia's Department of Veterans Services worked with many state agencies and the governor's office to end veteran homelessness through Virginia's participation in the Mayor's Challenge to End Veteran Homelessness.²² Other states—including Michigan, Minnesota, and Wisconsin—have created interagency homeless programs that mobilize DVA, health, human services, and veterans homes programs to alleviate homelessness among their veteran population.²³

Chapter Summary

State veteran agencies vary significantly across the United States in terms of size, leadership structure, and position within state government. How a particular department is structured, controls its budget, and interacts with other state agencies has profound impact on its ability to deliver quality services. Typically, standalone state veteran agencies are more empowered to deliver services and have the discretion and autonomy to collaborate with other agencies. Additionally, membership on the governor's cabinet provides critical opportunities to secure financial and executive support to facilitate cross-agency initiatives and legislative action.

Chapter 2

National Survey of State Directors

To complement the landscape assessment and the complex picture it paints of DVAs across the country, we executed a survey of individuals who know the challenges and opportunities DVAs face the best: directors of DVAs. Seventy percent of state and territory directors (39 of 56) completed the survey from November 2017 to June 2018, yielding critical insights into the operation of their respective DVA, their perceptions of need among their states' veterans, and states they look to as best practice leaders for veterans' issues. Note, additional details on the survey design are provided in the introduction. In the following sections, we present survey findings centered on three central issues that emerged from state leaders' responses: their perceptions of veterans' service needs in their state, challenges encountered delivering various state services, and adoption of established practice other states.

Perceptions of Veterans' Needs across States

In Part One of the survey we asked DVA directors to list the top five needs of their states' veteran population from a list of 17 service and need areas. The results are shown in Figure 9. It is important to reiterate that these data reflect state directors' aggregated views on the service needs of veterans within their respective state or territory. This is does not constitute a formal assessment of actual need.

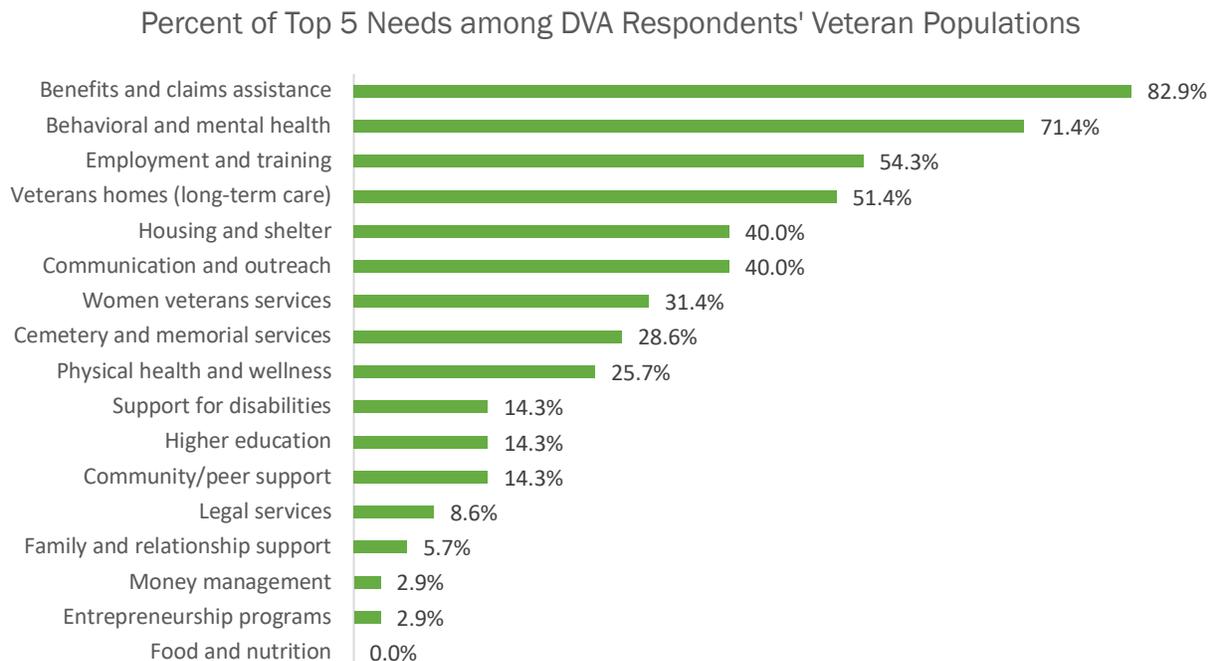


Figure 9. Top Five Needs of Veterans by Service Area

Needs for Core State Services

State directors responded that veterans in their states had varying degrees of need for the three traditional services DVAs provide—benefits and claims assistance, veterans homes (long-term care), and cemetery and memorial services—although benefits and claims was noted as a top-five need for almost every state respondent. Cemetery and memorial services was only mentioned as a top-five need by one-third of respondents, while veterans’ homes were significant for about half of directors surveyed. Behavioral and mental health and employment were among the most frequently cited top five needs, with housing and shelter, and communication and outreach rounding out the top five.

Non-Core, High Priority Needs: Behavioral and Mental Health and Employment Services

More than two-thirds of the respondents noted that veterans in their states have significant needs for behavioral and mental health and more than half for employment or vocational training, two need areas that are typically outside of the DVA’s principal responsibilities. These are also frequently service areas that DVAs do not have the resources or expertise to provide. To address these concerns, some DVAs—like those in New York, Wisconsin, and Virginia—have partnered with other state agencies to refer veterans or coordinate service delivery for both behavioral and mental health and employment assistance.

Communication and Outreach

DVA directors noted concern for communication and outreach in the survey, with half of respondents placing the service within the top-five service needs of their states’ veterans. These responses could be interpreted two ways, depending on the perception of the directors. On one hand, directors may have noted this as a top-five need because DVAs want to engage more with their veterans, to help deliver greater levels of care to veterans with co-occurring needs. As DVA officials from Ohio noted, DVAs need to “attack it [communication]

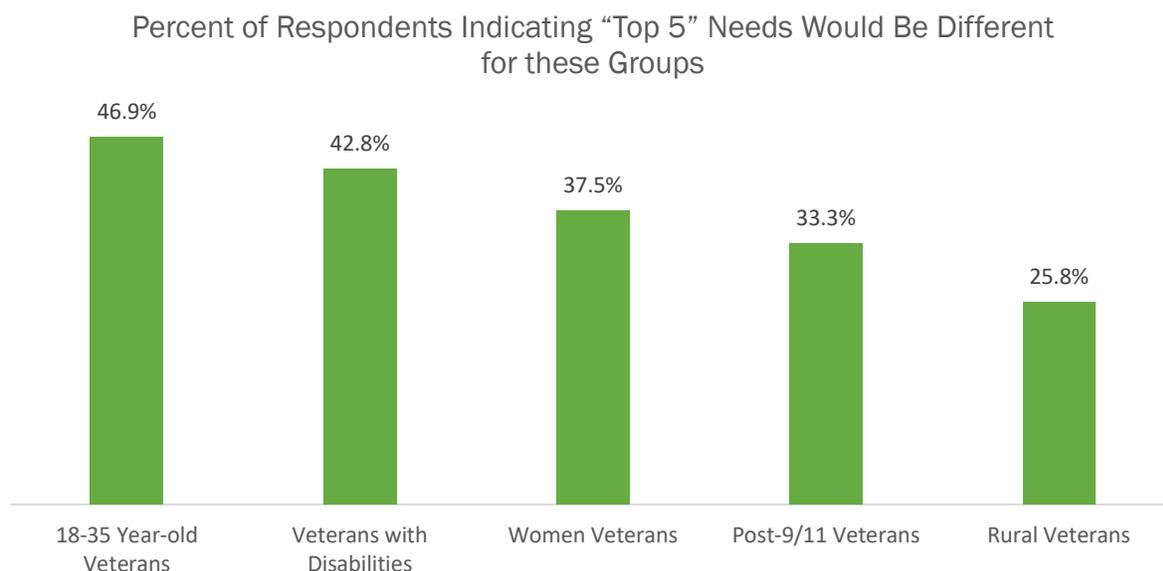


Figure 10. Top Five Needs Across Veteran Demographic Groups

from a couple different places...[to] make sure they understand where they go to find resources.”²⁴ They may also seek to increase DVA engagement and connection with veterans to provide a bridge between the veteran and the U.S. Department of Veterans Affairs (VA), potentially increasing the amount of VA funding flowing into the state, a valuable metric of performance for DVAs. On the other hand, directors could have referred to the desire of veterans within their states to engage with the DVAs but face barriers to access, such as transportation challenges in Alaska and North Dakota. Either way, communication and outreach was the fifth most needed service area from the perspective of state directors.

Other Service Areas

State directors were less likely to prioritize needs like finances, education, physical health, and family support. Perceptions of need may have partly driven their responses. These four service areas are typically not within the authority of DVAs and often are handled by other state agencies. Additionally, three of these four service areas (finances, education, and physical health) are delivered at the federal level by either the VA or Department of Education, potentially reducing the number of interactions with their states’ veterans.

Perceived Disparities of Need across Key Veteran Subgroups

Survey participants were also asked if their perceptions of need among top-five service areas for their states’ veterans depended on demographic groupings by gender, disability, age, service era, and urban/rural divide. Respondents did not provide a strong indication that the top-five needs of veterans varied by demographic grouping, as shown in Figure 10. Respondents most commonly cited younger veterans (18 to 35 years old) having a different set of top-five needs; they noted that their younger veteran populations were most concerned with benefits and claims assistance, behavioral and mental health, and employment and training. However, there were no needs in younger veterans’ top five that were not also a top-five need for other veteran demographic groups. Disabled veterans were identified as particularly concerned with physical health and wellness, behavioral and mental health, and support for disabilities, which suggests the co-occurrence of physical and mental health challenges.

Women veterans’ needs. Interestingly, only one-third of respondents thought that women veterans had a unique set of needs. Of the top-five needs for women veterans identified, only two types were expressly tied to the circumstances of women veterans: women veterans’ services and family and relationship support. A DVA official from Washington noted that as states begin to look at the life cycle of service—from joining the military to transition—“one of the areas that has been neglected is the family,”²⁵ which has led states like California to offer women veteran-specific services and programs. Benefits and claims assistance, behavioral and mental health, and employment and training rounded out the top-five needs for women veterans, suggesting common challenges for the overall veteran population and the sub-group of women veterans.

Aspects and Challenges of DVA Service Delivery

Part Two of our survey asked DVA directors to respond to questions on their agency’s service

offerings and challenges they may encounter when trying to assist veterans or military family members.

Services most customary to DVAs. As shown in Figure 11, the big three service areas—benefits and claims assistance, cemetery and memorial services, and veterans homes—are among the most frequently delivered DVA services. Almost all DVAs provide benefits and claims assistance, often through the DVA directly or through a combination of county veteran service officers (CVSOs) and DVA assistance. Minnesota’s DVA has been recognized as a leader in benefits and claims assistance for its Discharge Access Database System, which received a Pillar of Excellence award from the VA in 2018 for innovative use of technology to help CVSOs collaborate more efficiently to help veterans process their claims and benefits. In addition to these three services, 89 percent of DVAs engage in outreach efforts to connect with their veteran population and have responsibility for state military cemeteries or memorial services. Almost two-thirds of DVAs operate veterans’ homes systems for long-term care solutions, typically under the direct authority of the DVA (e.g., Georgia, Oregon, and Wisconsin).

Coordinating with other federal, state, and community entities. Beyond these four core functions of the DVA, fewer directors noted that their agency offers services that are outside the main scope of the DVA’s services. About half offer services for education, employment, and women veterans, which are often delivered directly by the DVA, like California DVA’s Division for Women Veterans Affairs. The remaining service areas surveyed suggest overlap among the DVA, other state agencies, and federal agencies like the VA and the departments of Housing and Urban Development, Education, and Labor. Multiple DVA officials from Nevada, Alaska, and North Carolina noted that DVAs can often “provide leadership for all these groups, get them all under one umbrella,” and ultimately act as “glue between all the departments” for coordinating and collaborating on service delivery.²⁶

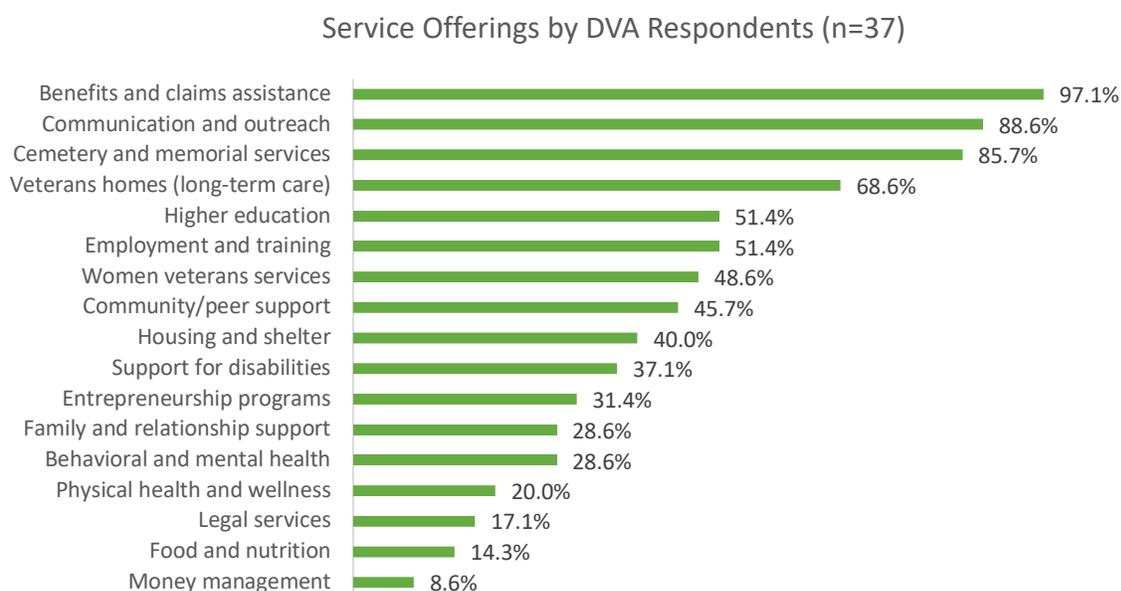


Figure 11. DVA Service Offerings 2018

These survey results also indicate the presence of links between programs, with DVAs indirectly engaging in service areas. This is most commonly seen in education, employment, and entrepreneurship efforts, in which connecting with student veterans (e.g., Nevada and Washington) to increase their academic success may improve their employment opportunities post-graduation. However, some DVA directors noted that many state officials fail to recognize these links and co-occurring needs; an official from Tennessee noted that many states are often apathetic to the many issues associated with transition. However, some states have embraced these links in their programs. Virginia's Veterans Education Transition and Employment program helps student veterans access GI Bill benefits and connects them with vocational training and career fairs. Utah's Veteran Owned Business Partnership—a consortium of state and local agencies, the Salt Lake City Chamber of Commerce and the U.S. Small Business Administration, and higher education, nonprofit, VSOs, and private organizations—helps Utah veterans start and grow their own businesses.

Sustaining consistent funding levels. When asked about the challenges they face delivering these programs to their states' veterans, most respondents ranked budget shortfalls as their top challenge. This finding is consistent with the fluctuating DVA budgetary trends in Chapter 1, which included a drop in DVA funding for fiscal year 2017, as most DVA directors participated in the survey in the first quarter of fiscal year 2018. However, even though DVA budgets increased in 2018 and are projected to continue to increase in fiscal year 2019, according to state proposed and enacted budgets, DVA directors still cite a lack of budget resources as their most significant barrier to serving veterans. When rated on a scale of 1 to 5, with 1 being the most difficult challenge, budgetary challenges received a 2.7, suggesting that this problem is significant but not dire.

This budgeting challenge spans both independent DVAs and DVAs that are under DMVAs or other state agencies. About one-fifth of respondents noted that resource navigability was the most significant challenge, supporting the earlier finding that all DVAs provided benefits and claims assistance. Some states—like Florida, Ohio, and South Dakota—have instituted Pillar of Excellence award-winning programs to use communication, technology, and outreach efforts to connect their veterans with the DVA and to help them navigate and access their eligible VA and state government benefits.

Strategic Planning for State Veterans Services

Effectively serving the 20 million U.S. military veterans and their families is a serious task that is increasingly difficult for even large organizations like the VA to tackle on their own. State DVAs play a distinct role in serving military-connected individuals, working closely with the VA, but also having a more intimate connection with community-based organizations and local government.

The degree to which a DVA's services are impactful can depend on the effectiveness of their strategic planning process. Strategic plans are the result of formal processes by which organizations set priorities and align resources with those goals. They are an opportunity to

align effort across an organization and between organizations hoping to achieve similar impact.

Of the state directors surveyed, about 81 percent said they conduct a formal strategic planning process. Of those with a strategic planning process, many affirmed the idea that their planning process supports a number of critical functions for the departmental success. All respondents (100 percent) either “Strongly Agree” or “Agree” that formal strategic planning facilitates more effective service delivery, facilitates greater unity of effort within their department, and establishes priorities for veterans’ policy and service delivery within their department (See Figure 12).

Limited engagement in federal strategic planning efforts. These responses demonstrate the value for a DVA to conduct formal strategic planning processes. However, their collaboration with similar organizations during the planning process is not extensive, even as many state department of veteran’s services work closely with other organizations to deliver services. The most obvious example is the relationship between state DVAs and the VA; 86 percent of respondents reported they work with the VA “a great deal” in delivering services to veterans. However, only 14 percent are “very familiar” with the VA’s strategic planning process, 50 percent are “somewhat familiar” and 36 percent are “not at all familiar.” The variance in familiarity with the VA’s strategic plan raises questions about the level of collaboration and engagement between organizations that work closely to deliver services. Additionally, while the highest percentage of respondents said they work with the VA “a great deal,” a relatively high percentage also reported that the VA “tends to duplicate services our Department of Veterans Affairs delivers” at 19 percent. This could indicate a need for increased collaboration and engagement at the planning level between state departments of veteran services and the VA.

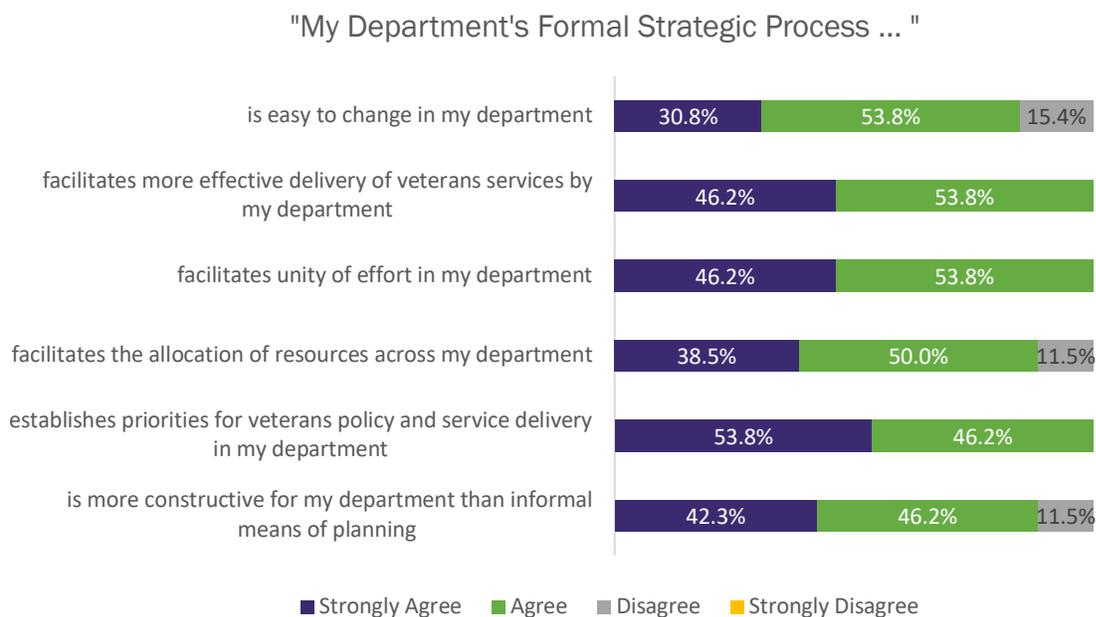


Figure 12. DVA Strategic Planning Process and Outcomes

This is relevant due to heightened questioning around the sustainability of public funding for veteran services. Of respondents, 73 percent identified current public funding for veteran services as “somewhat sustainable” (see Figure 13). With questions of sustainability in mind, veteran serving organizations, across all sectors, will have to re-examine how they coordinate services and align resources and priorities.

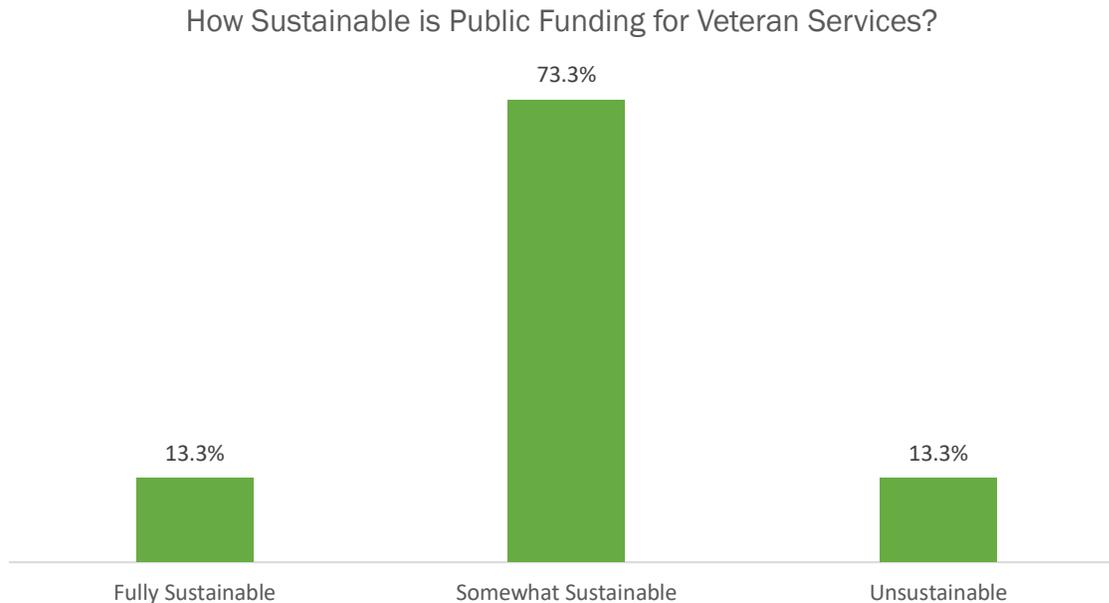


Figure 13. Sustainability of Public Funding for Veteran Services

Inter-State Adoption of Innovations

Part Three of the survey asked DVA directors about adoption of practices from other states through outside learning. More than three-fourths of respondents noted that in their pursuit to improve veteran satisfaction, efficiency, and impact DVA’s programs and services, they adopt innovative practices successfully implemented in other state and territories; about 18 percent adopt practices that were commonly used across states. Some respondents also noted that they adopted innovative practices to increase the involvement of nongovernmental organizations and individual citizens in delivering services to veterans.

As seen in Figure 14, most respondents reported adoption of practices and innovation from other states in areas of common state responsibility: the “Big 3” (i.e., claims assistance, long-term care, and cemeteries), communication and outreach, and women veterans’ services. DVAs most often adopt practice innovations from other states to improve existing programs rather than to create new ones. This is driven, in part, by a desire among DVAs to get better at the core components of their mission, particularly in states where DVAs face finite human and budgetary resources.

DVAs adopted fewer practices in the remaining service areas, particularly in areas that may lend more to collaborative efforts between DVAs and other public sector and community organizations (e.g., health, education, community/peer support). This is due to three potential ways DVAs are positioned within state governments: on the governor’s cabinet, not on the cabinet, or on a veteran council.

Less than half of director respondents stated that their DVA provides services like employment and training; higher education assistance; and physical, behavioral, and mental health (as shown in Figure 14). With fewer DVAs offering these services, there could have been lower levels of adoption across all DVAs.

Still, even for states that do offer these types of services, DVAs may choose to allocate their remaining available resources to support the most critical programs and services for the care and well-being of their population, given human and budgetary resource constraints. If adoption of other states’ practices was likely to include additional cost and time investments, DVA directors and staff may be more willing to use the money to strengthen their core-competency areas further, instead of spending on services outside the core mission. This tradeoff of investments and costs for new programs may lead to fewer states becoming innovative in these non-core-competency areas. Analysis from the Pillar of Excellence Award submissions from 2014 to 2018 shows that over half of all innovative program submissions addressed the Big 3 service areas, communication, and outreach (see Figure 20, Chapter 3).

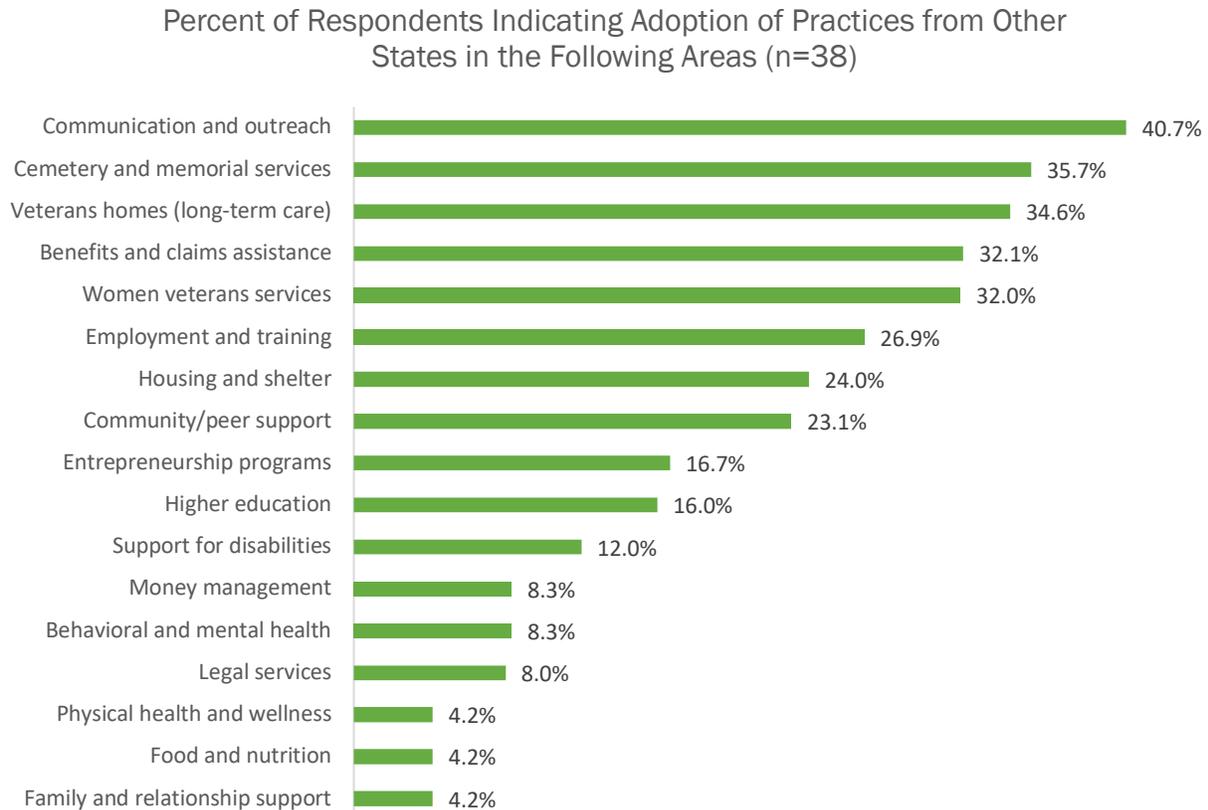


Figure 14. Adoption of Innovative DVA Practices by Service Area

Chapter Summary

A survey of the 56 state and territory veteran agency directors gives offers new insights into service delivery innovations and challenges. Traditionally, state veteran agencies provide three main functions: benefits and claims assistance, memorials and cemeteries, and long-term veteran homes. However, this survey identified the top perceived needs of veterans as benefits and claims, mental health services, and employment and training. This lack of alignment means that state veteran agencies must often partner with other agencies or nonprofits better equipped to deliver services. While many state veteran agencies lack internal capacity for certain in-demand services, they do possess the unique position to convene other stakeholders and play a leading role in fostering collaboration and coordination of services across their states.

Chapter 3

Innovative Practices in State Veterans Services

State governments share a distinct role and position within the sphere of veterans' issues. Serving as a middle layer between federal and local government within a single, shared system—states offer the greatest potential to operate with and alongside public sector and community based services—as well as enhance their collective impact on the veteran community through coordination and alignment. They also are highly agile, able to be both proactive and reactive to concerns confronting their state's military-connected population.

As our survey of DVAs found, DVAs most frequently craft innovative programs and services due to employee and leadership creativity and the need to make the most out of limited resources.²⁷ This agility is manifested in the creative and innovative programs DVAs create, develop, and implement throughout their states. Innovation is often defined as the development, generation, or use of new ideas or behaviors.²⁸ Innovation can occur anywhere and can take many different forms, depending on the organizational, time, and resource contexts. Innovation, both in the crafting and implementation of programs, is apparent throughout many DVAs that who are using either existing or newly-created initiatives to improve service delivery and access to care for veterans and their families.

Assessing State Innovations in Veterans Services

Assessing state innovations in veterans services requires a pragmatic approach, given the potential scope of cataloguing every individual program or practice across all states and territories. Fortunately, and although not exhaustive of all potential innovations, the greatest concentration of established and recent state-level innovations is captured through the Pillar of Excellence (i.e., “Lincoln Awards”) Program. Started in 2012 by former Secretary of Veterans Affairs Robert MacDonald with the National Association of State Directors of Veterans Affairs (NASDVA), the program recognizes state initiatives and programs that are innovative in their approaches to serving veterans and their families within their states. Thirty-one state programs have received the Abraham Lincoln Award, since its inception, for innovative state programming, which has helped establish and diffuse best practices among NASDVA members.

For purposes of this study, we are interested in examining the broadest possible set of known state program innovations. The total number of Lincoln Award nominations stands at 82, as of this writing. Working from this larger sample of submissions as a starting point, we conducted additional analysis on each to gain a better understanding of the vast variety of types of state programs, the service areas they address, the ways in which they interact with veterans and communities, and the innovative features they embody. This analysis offers fascinating insight into how DVAs work with other state and federal agencies, nonprofits, and private organizations to bring state and federal government services and benefits to their military-connected populations.

In this section, we first describe the full range Pillar of Excellence submissions and award-winning programs as an overview to the types of initiatives states are pursuing around the country. We then dive deeper into a thematic analysis of the programs themselves. From this analysis, four primary themes on these innovations emerged, centered on: (1) veteran outreach and engagement, (2) community collaboration, (3) use of technology, and (4) interagency and cross-sector cost sharing. We discuss each theme and feature exemplar practices across 10 states for illustration.

Trends in State Innovations

Geographic Diversity of Lincoln Award Submissions

Innovation in veterans' programs by DVAs is vibrant across the United States, from Maine to California. Twenty-eight 28 states submitted 82 programs for the Pillar of Excellence Program from 2014-2018, with many states submitting more than one program over the same period (see Figure 15). California, Maine, Minnesota, and Washington submitted more than one program a year, highlighting the variety of programs that which they considered innovative in improving service delivery or connecting with veterans. Of the 82 programs, 31 were selected as exemplary innovations and best practices for other states to consider, model, and implement (Figure 15). Seventeen states received Pillar of Excellence Awards for at least one of their programs. Washington received a Pillar of Excellence award for each of its six submissions from 2014-2018, a feat only achieved only by a few other states.

Innovations unbounded by state size or veteran population. The geographic diversity of Pillar of Excellence award-winning programs highlights the wealth of innovative activity among states with both large (California, Texas, Washington) and small (Alaska, Maine, and North

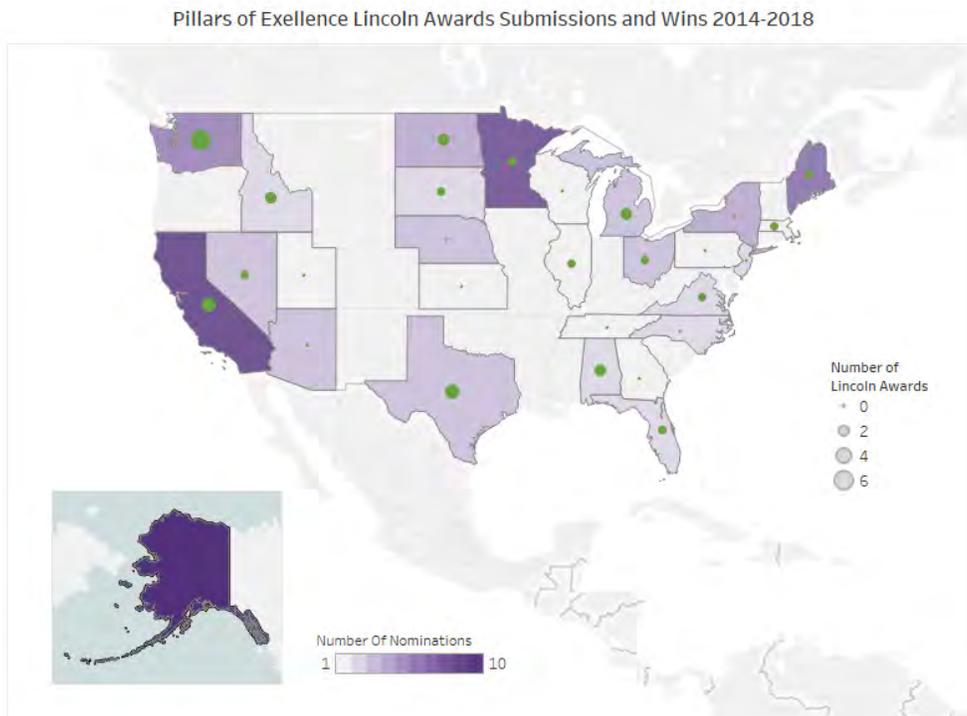


Figure 15: Pillar of Excellence Award-Winning Programs and Program Submissions by State

and South Dakota) veterans populations. This was also reflected in our survey of DVA directors: while Texas, Washington, Florida, and California are regarded by many DVA directors as innovative practice leaders, other states like Tennessee, Oregon, Alaska, Utah, and Connecticut—states with comparatively smaller veteran populations—were cited for their innovative activity among DVA directors as well.

Innovation Categories

Certainly, many veterans and their families have shared experiences stemming from their military service, regardless of their state of residence. Even so, each state’s veteran population has its own set of needs and concerns that DVAs work to address. In establishing creating the Pillar of Excellence program in 2014, former VA Secretary Robert MacDonald created award categories that reflected the pressing issues the VA works on across the country: eliminating the claims backlog, eliminating veteran homelessness, increasing access to VA benefits and services, and a catch-all innovative state program category. These categories represent not only the challenges the VA faced in 2014, particularly after the claims backlog crisis at the Phoenix, Arizona, VA Medical Center in 2014, but also enduring challenges to veterans living their best lives, like veteran homelessness. This interest in encouraging state programs to address relevant and critical national issues drove the VA and NASDVA to add a fifth category on suicide awareness and prevention in 2018.

Distribution across categories. As a whole, more than half (57 percent) of the programs submitted for the Pillar of Excellence Award were self-classified by state directors as innovative state programs, which addressed a variety of issues that will be discussed later. Figure 16 displays the breakdown of award submissions by category. Since each state has its own set of challenges and contexts, programs combatting homelessness, federal VA benefits and claims barriers, and suicide prevention accounted for only a combined 20 percent of submissions. Almost one-fourth of program submissions addressed increasing access to the VA for benefits and services, showing cross-country efforts by DVAs to connect their state’s veterans with the VA.

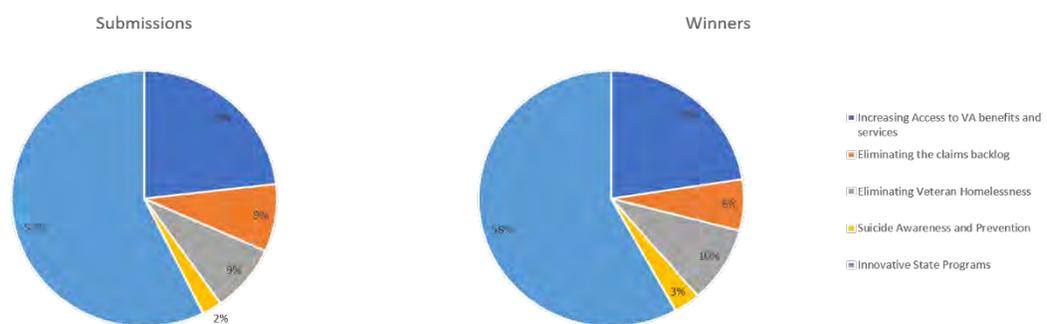


Figure 16: Pillar of Excellence Submissions and Awards by Award Category

Pillar of Excellence Awards were generally distributed across the categories at the same proportion of entries submitted. Of the 82 submissions, 31 received awards. Claims and backlog programs were under-represented, comprising 6 percent of winning programs

among the remaining categories. On one hand, this could reflect improvements to the benefits and claims process within the VA since 2014, potentially allowing DVAs to focus on other types of urgent issues and challenges over time. On the other hand, claims support is a ‘bread and butter’ service for most DVAs, and thus, may not hold equal prominence among state leaders as an area ripe for innovation.

Changing trends over time. Trends in submissions and awards have changed over the life of the program (2014 to 2018), with decreases in submissions and awards related to homelessness and benefits and claims (Figure 17). Interestingly, while the 19 submissions in the VA benefits and services category fluctuated from one to seven within a given year, only seven received awards; no awards were issued in 2017. Additionally, while 14 homelessness and claims backlog programs were nominated, only five programs respectively received awards; no veteran homelessness program was honored in 2015 or 2017. Improving economic conditions for veteran populations as well as VA reforms may have had an influence on the drop in homelessness and service claim related awards. Veteran homelessness dropped by 47 percent from 2010-2016, and by 2018, 20 states effectively saw an end to veteran homelessness.²⁹ While homelessness and claims backlogs are still issues of concern for many DVAs, gradual improvements may decrease the urgency for further innovations that address claims backlogs and veteran homelessness. Claims, homelessness, and VA-related programs also may have large up-front costs for state DVAs, which most likely make these programs one-time endeavors, leading to fewer additional submissions over time.

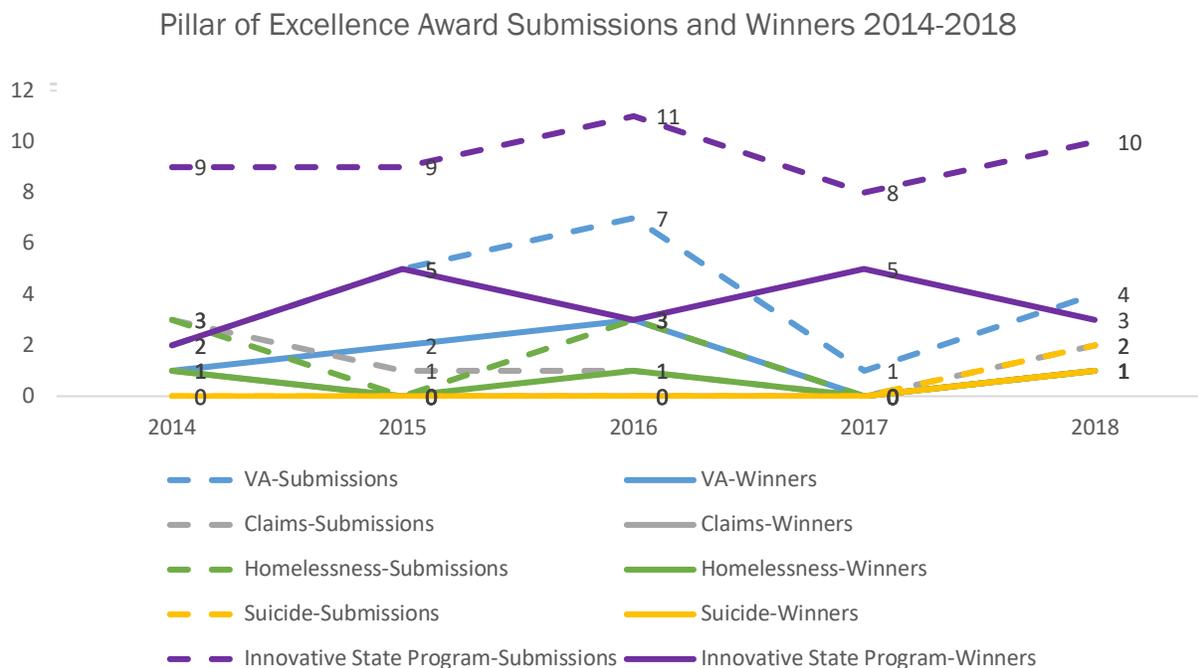


Figure 17: Pillar of Excellence Submissions and Awards over 2014-2018

In-Depth Analysis of State Innovation

Distribution across Service Domains

In addition to understanding the breakdown of submission and awards based on award category, we wanted to understand the service areas and issues that each program addressed. We qualitatively coded each program into one of 17 service areas. Among the 82 programs, benefits and claims assistance was a major service area, constituting one-fifth of all program submissions. These programs address a wider array of challenges veterans have relating to benefits and claims assistance than just the claims backlog. Many of the programs work to connect veterans to the VA and augment their access to federal and state benefits and services.³⁰ Programs related to cemetery and memorial services, and communication and outreach were also popular among the submissions, at 13 percent and 15 percent, respectively. Outside of these three popular service areas, the submissions had a wide variety of areas and issues addressed by state DVA programs (See Figure 18).

The service areas and program approaches represented in this sample of submissions reflect the resource, funding, staffing, and technical capacities of DVAs. Many service areas commonly addressed by nonprofit or community organizations in collaborative networks, are either under-represented or non-existent within the sample of Pillar of Excellence program submissions. These include family and relationship counseling and marital support, food

Primary Service Areas of Pillar of Excellence Lincoln Award Submissions, 2014-2018

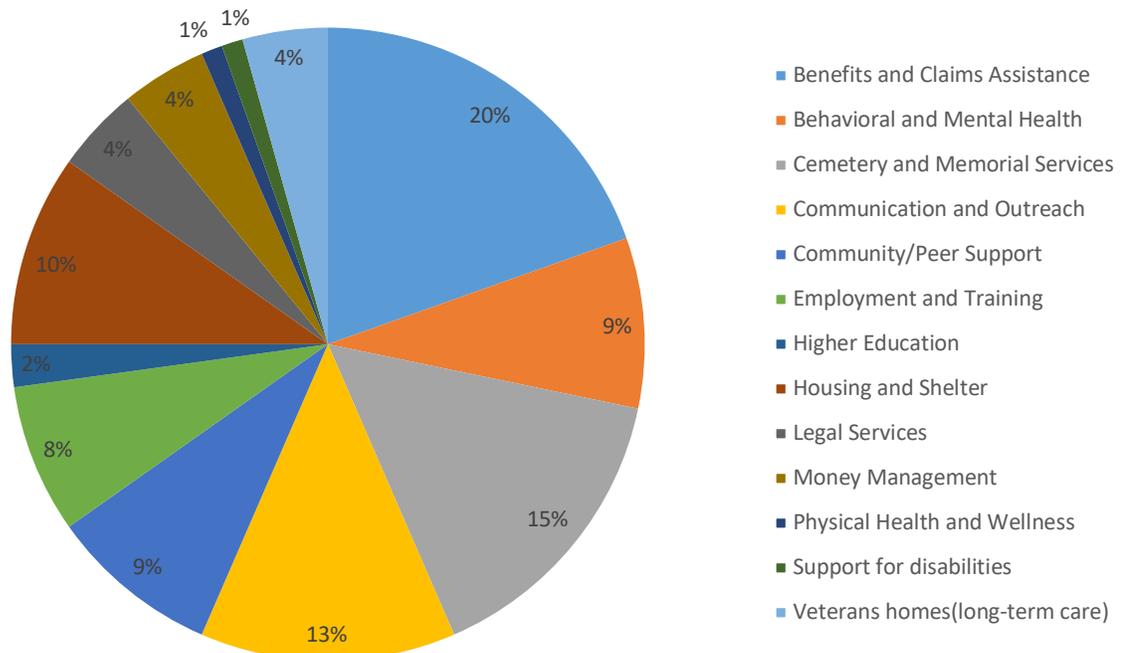


Figure 18: Pillar of Excellence Submissions by Primary Service Area

and nutrition, disability services for veterans, services targeted towards women veterans, and higher education. While this does not suggest that these issues lack relevance to the needs of veterans and their families, it does suggest that programs addressing these issues areas may be better delivered and implemented by community organizations or through public-private partnerships.

Types of Innovation

Each program nominated sought to address many of the societal problems facing veterans and their families through public-sector innovations—from unaffordable housing, lack of access to eligible benefits and services, and barriers to accessing physical, behavioral, and mental health care. Based on the taxonomy developed by de Vries, Bekkers, and Tummers (2016), we classified each program submission according to the most appropriate innovation type (see Figure 19).³¹ Programs differed in the processes and mechanisms by which their activities contributed toward the respective goals of their DVA and community organizations. Each program had at least one innovation type; and several had two or three. Most programs focused on the creation of new processes or services and products to address the societal problems mentioned above; these are coded as either governance (39 submissions) or product/service (38 submissions) innovations, respectively. This suggests that the programs were primarily created, designed, and implemented within bureaucratic structures. Fewer programs, though more than 30 percent, sought to address these societal problems through the creation or reform of administrative processes, or by creating or deploying new technologies to make service delivery more efficient and accessible.

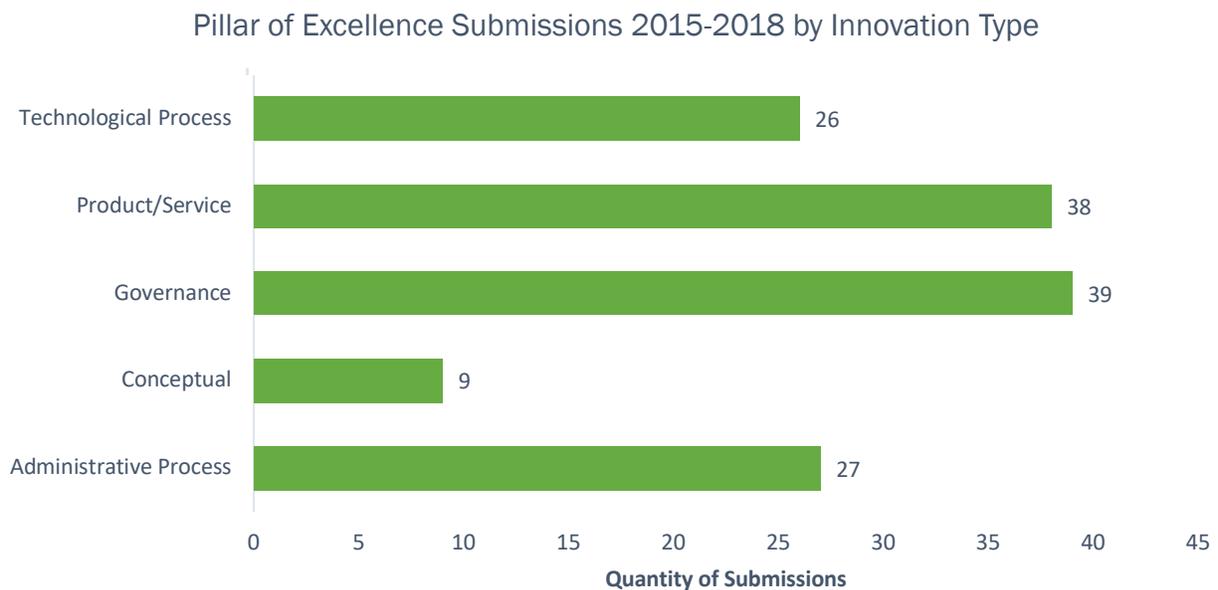


Figure 19. Pillar of Excellence Submissions by Innovation Type

Common Themes and Illustrations of State Innovations in Veterans Services

Throughout our analysis of the 82 Pillar of Excellence submissions, four key themes emerged related to innovations in service delivery. Every program had one or more ways in which its programs included collaboration between the DVA and outside organizations, various mediums to communicate to veterans about the program, and funding from state appropriations or from public-private partnerships. Technology was the fourth recurring theme throughout our analysis, with multiple programs using specific types of mobile, online, or computer program-based technology to deliver services and connect with veterans. In seeking to understand how these programs are designed, organized, and implemented, we provide analytical snapshots of these four themes and exemplar state innovations to illustrate each theme. The cases offer potential practice innovations for other DVAs and community organizations to consider in their veteran-serving programs across these four themes.

Innovation Theme: Veteran Outreach and Engagement

Thematic snapshot. Engagement with citizens is a requirement of democratic governments, which are built on legitimacy conferred by the public. These interactions between polity and democratic government have historically been two-directional: government produces services that which citizens use, and citizens wield their right to vote to influence policy decision-making at the local, state, and federal levels.³² Outside of these contact points, citizens have historically had few other media by which to engage with government, either by writing letters, calling, or meeting with their representatives; engaging in organized protest or marches; or through involvement and advocacy as a member of a community organization. However, these avenues of both civic engagement and government service delivery have been one-directional: citizens want something, and government provides it.

The last 20 years have seen both technological innovation (internet, social media, and modernization of data analytics) and changes in how all levels and branches of government interact with their respective citizens.³³ Almost all government agencies now have websites through which citizens can learn more about services offered, how to receive them, and how the opportunity to submit comments or questions. Some agencies have turned these platforms into online forums and reference tools by which citizens can learn about both agency services and but also about outside community (public, private, and nonprofit) providers of associated services.

DVAs in Michigan, Nevada, and Texas have been exemplars in using online platforms to connect veterans and their families to both federal VA and DVA benefits and services along with community providers on an array of issues. For example, Nevada's Green Zone Network (renamed NV VetNet)—a public-private partnership with 276 community organizations and local and state government agencies working with veterans on benefits claims, housing, mental health and suicide prevention, and employment—has an online website where veterans and their families can engage with these organizations in an accessible manner.³⁴ Almost half of the Pillar of Excellence program submissions used some form of digital medium (social media or online) to connect, engage, and inform veterans (See Figure 20).

Methods and Media of Connecting with Veterans in Pillar of Excellence Lincoln Award Submissions 2014-2018

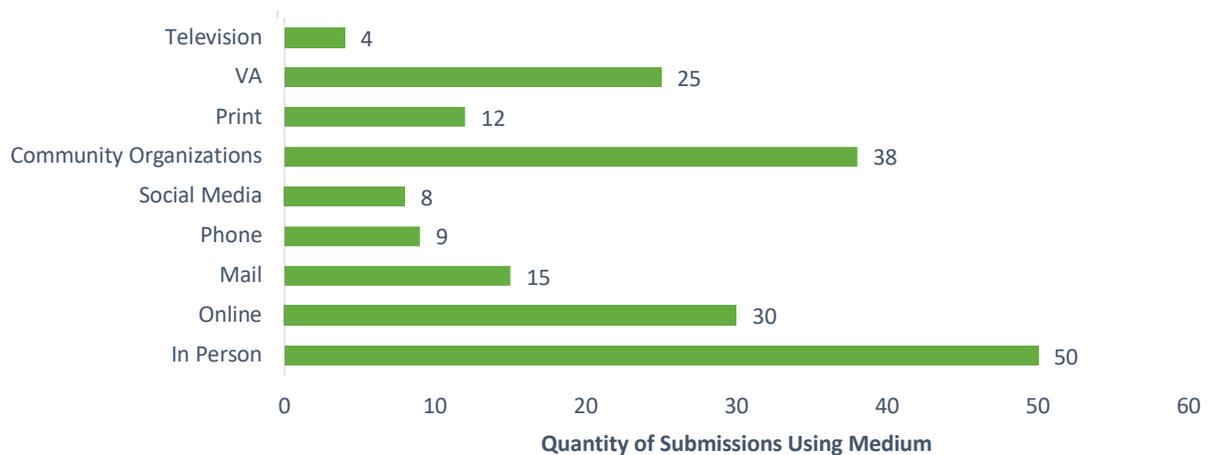


Figure 20. Methods of Connecting with Veterans among Pillar of Excellence submissions

These online tools not only augment government’s ability to engage with citizens, but also allow citizens and their community organizations to co-produce information on specific issues.³⁵

In their pursuit of deeper engagement with their constituencies, government agencies have used old and new forms of communication to bring veterans and military families into the apparatus of DVA, VA, and community benefits and services. Television has been used recently to connect and inform veterans about available services.³⁶ This has been largely popular and effective in states like California, which used television commercials and interviews on news shows to reach out and connect with women veterans within the state.³⁷ South Dakota’s DVA also broadcasts an awards ceremony for Korean War veterans with South Dakota Public Broadcasting so that all veterans across the state can watch the program.³⁸

Social media have also played an increasingly active role in enabling government agencies to reach constituents on a range of issues. Government participation in social media improves the agency’s communication, citizen participation (or activity in service acquisition and delivery), and citizen knowledge about the functions of each agency or branch of government.³⁹ Eight Pillar of Excellence programs incorporated social media to inform, educate, and enable veterans to interact with DVAs and the VA system. California’s DVA has been particularly active on this front, using platforms like Facebook, Twitter, and listserv to connect with women veterans; their social media efforts increased the DVA’s engagement with California women veterans by 110 percent. Their public awareness campaign for CalVet and a new myCalVet online profile program used Facebook, Twitter, and YouTube to both disseminate information and engage with California veterans and allow them to post and share the DVA’s information, thus engaging in co-production of information.⁴⁰ These types of social media initiatives help re-frame the government-citizen relationship by treating the public as partners and encouraging co-production of information, services, and engagement methods.

Three Pillar of Excellence Lincoln Award-winning programs exemplify innovative and unique methods and media DVAs use to engage with veterans within their respective states. The following case studies highlight Massachusetts's SAVE program for suicide prevention, South Dakota's Operation RAV initiative to engage rural veterans, and Florida's collaboration with PBS on veteran-specific public service announcements.

Massachusetts' Statewide Advocacy for Veteran Empowerment (SAVE)

Innovation description. The Statewide Advocacy for Veteran Empowerment (SAVE) program is a partnership among the Massachusetts Department of Veterans Services (DVS), Department of Mental Health (DMH), and the Division of the Trial Court that offers peer-to-peer suicide intervention and prevention support for returning veterans. SAVE team members engage with veterans in formal (e.g., veteran treatment courts, state prisons, and the Substance Abuse and Mental Health Services Administration's Health and Disability Program) and informal settings to avert suicidal intentions and plans. Since its creation in 2008, the SAVE program has expanded to assist veterans on other issues, such as employment and financial concerns, housing and health care access, legal assistance, and mental health care.

Goals.

- Improve the ways that DVS, DMH, and other public and private providers identify and screen high-risk veteran populations and connect them to the appropriate services.
- Provide assistance to veterans who recently transitioned to reduce risk of suicide, substance abuse, homelessness, or incarceration.

Target population. The SAVE program serves Massachusetts's veteran population spanning all generations from World War II and Korea to the Gulf War and the post-9/11 conflicts. Most of those who use the SAVE network are post-9/11 veterans; however, more pre-9/11 veterans have been reaching out and using the program in recent years. Most of the cases encountered by SAVE exhibit post-traumatic stress disorder, traumatic brain injury, or undiagnosed substance abuse disorders.

Best illustration of theme.

- This is an excellent example of a state DVA acting to prevent veteran suicide and mental health disorder. Typically, suicide prevention programs fall under the jurisdiction of a Department of Health or Department of Mental Health. Massachusetts is one of the first states in the country to create this type of program under the direction of its Department of Veterans Services (though still in collaboration with the Department of Mental Health).
- The SAVE program also highlights the potential of cross-agency collaboration at the state level. The program is funded by three interagency service agreements with the Department of Public Health, Department of Mental Health, and the Trial Court that total more than \$838,000 each fiscal year. These four departments also leverage each other's expertise in training SAVE team members and

connecting veterans with mental health, legal, employment, housing, and physical health resources. This spirit of collaboration to combat veteran suicide and mental health disorder is also present in SAVE's community engagement efforts. The Massachusetts DVS and the SAVE program not only collaborate with other state agencies, including the Substance Abuse and Mental Health Services Administration and the Department of Corrections, but they also work with the Massachusetts National Guard, the Massachusetts Inter-Agency Council on Housing and Homelessness, and the VA.

- Massachusetts's program emphasizes interpersonal care as one of the main reasons for its success. The program extends the impact of a veteran suicide hotline by pairing SAVE team members with veterans to personalize and ensure the quality of care these veterans need to stay healthy.

Impact. Since 2008, the SAVE program has assisted thousands of Massachusetts veterans. In 2016, SAVE reached over 7,880 veterans and provided 423 with direct referral to services. Of those veterans, over 200 received active case management, using the SAVE program's interdepartmental service agreements. Additionally, over 50 veterans received active case management and peer support with the Trial Court in 2016, which included mental health, housing, and emergency financial support.⁴¹

Potential for transfer and application.

- The SAVE program could be readily adopted by DVAs in other states with sufficient funding and implementation capacity. Although SAVE has 13 full-time employees across the three agencies, a program like it could reasonably launch with fewer staff at the outset.
- Massachusetts's program shows the value and impact of interagency collaboration on complex issues facing veterans and their families. DVAs in other states could partner with their departments of health, mental health, employment/workforce development, or housing to maximize clients' accessibility to wrap-around services.

South Dakota's Operation Reaching All Veterans (RAV)

Innovation description. Launched in 2014, Operation Reaching All Veterans (RAV) is an innovative outreach campaign through which the South Dakota DVA aimed to identify and make direct contact with every veteran in South Dakota. The South Dakota DVA identified more than 75,000 veterans and initiated a "multi-pronged" outreach campaign. Outreach efforts included hosting a RAV booth at the state capitol of Pierre during the 2014 legislative session, hosting 104 RAV open houses across the 66 counties, and utilizing a phone campaign in every county led by County and Tribal Veteran Service Officers (CTVSOs). Through RAV, South Dakota's DVA aimed to better connect South Dakota veterans to benefits or services.

Goals.

- Identify and make contact with all of South Dakota's 75,000 veterans.
- Share information with South Dakota veterans about federal and state benefits and services for which they may be eligible for or in need.

Target population. This program seeks to engage all veterans residing in South Dakota. While making contact with veterans may be generally easier and straightforward in urban areas like Rapid City, Sioux Falls, and Pierre, Operation RAV employees and volunteers also reach out and travel to the dozens of rural counties throughout the state where 44 percent of the population and thousands of veterans live.

Best illustration of theme.

- In the age of social media and mobile technology, South Dakota's Operation RAV program stands out for the importance and value the DAV places on meeting with veterans face-to-face. The state is driven by an understanding that to engage veterans (and citizens more broadly) in environments where almost half of the population lives in rural communities, the state's agencies need to bring government to the people.
- This program includes multiple outreach efforts by on the part of the South Dakota DVA to meet with veterans, including meeting in person in either Pierre or in each of the 66 counties, on the phone with CTVSOs, or through mail/print if the veteran already has contact with their county's CTVSO. This type of approach significantly increases the likelihood that the DVA will be able to identify and make contact with all South Dakota veterans.
- The program, through significant outreach efforts, was carried out using minimal budgetary resources from the DVA's budget. Cost-effective outreach programs like RAV could save valuable resources for DVAs while addressing a common challenge.

Impact. Operation RAV was crucial to the South Dakota DVA in fulfilling its mission to serve South Dakota veterans and their families. The program connected thousands of veterans to the DVA through direct phone calls and 153 open house events across 66 counties in 2014. In a report to the National Lieutenant Governors Association, South Dakota Lieutenant Governor Matt Michels noted that veterans' and military spouses' lives were changed as a result of this program due to increased access and awareness of benefits and services they may have been eligible for. He noted that one CTVSO, Tom Sparrow from Turner County, reached over 12,400 veterans by phone in 10 counties in 2014.⁴²

Potential for transfer and application.

- This program has great potential for transfer to states with large rural civilian and veteran populations. In many areas where internet access may be limited, these face-to-face, phone, and newspaper interactions are critical media by which DVAs (or state agencies more broadly) can connect and engage with rural populations.
- The South Dakota DAV made a concerted effort to identify, connect, and engage with all of South Dakota's 75,000 veterans to fulfill its mission of serving South

- Dakota's veteran population. This is a leading practice to be replicated by any state across demographic or geographic barriers.⁴³
- Operation RAV's multi-pronged approach expanded the DVA's reach and connection to the South Dakota veterans. DVAs could partner with local VA facilities and other state agencies to replicate a similar initiative to ensure veterans are receiving the care and benefits for which they are eligible.

Florida DVA and Florida PBS Awareness Campaign

Innovation description. Florida's Department of Veterans' Affairs (FDVA) partnered with the Public Broadcasting Service (PBS) to produce and air public service announcements on Florida's nine PBS stations during veteran-related programming to raise awareness of FDVA and increase access to earned benefits and services through federal and state agencies. These PSAs aired before and after seven military-related PBS documentaries from 2014 to 2015.

Goals.

- Increase awareness among Florida veterans about the FDVA as well as federal and state benefits and services for which they may be eligible.
- Engage with Florida veterans using innovative media to maximize contact opportunities.

Targeted population. This program sought to raise awareness of the FDVA and VA to all Florida veterans. While each program had more than 120,000 viewers across the state, these viewers tended to be older, namely Korea and Vietnam era veteran.

Best illustration of theme.

- Collaboration between the FDVA and PBS is an excellent example of a state agency's creative use of a traditional medium (television), to target engagement with a specific segment of veterans who would be the most-likely viewers of military-related PBS documentaries.
- The collaboration is an example of goal alignment between two public-serving organization with an incentive and mission to engage viewers in PBS broadcasting. Utilizing communication and technology partners with closely aligned missions or values is a leading practice that other DVAs can implement.

Impact. More than 1.1 million households watched the seven military-related PBS documentaries broadcast from 2014 to 2015. This suggest that the same population received information on FDVA and available benefits and services. FDVA notes that due in part to its broadcast outreach efforts, Florida saw a 20 percent increase in veterans receiving service-related compensation, an increase of \$2.2 billion in federal benefits and services, and 7 percent higher enrollment. As a result, almost half of all Florida veterans are enrolled in the VA health care system.⁴⁴

Potential for transfer and application.

- This program can be readily replicated in states with their PBS affiliate stations. PBS has shown to be a valuable partner in Florida’s outreach efforts and may become an integral part of other DVAs’ communication methods.
- Florida’s collaboration suggests great potential for collaboration with other types of media (TV, radio, newspaper, social media) to augment awareness among states’ veteran populations of available benefits and services. DVAs can be creative through such partnerships to better reach various segments of their veteran population.

Innovation Theme: Community Collaboration

Thematic snapshot. It well documented that veterans, especially those who recently transitioned from military service, may be either unaware of or be overwhelmed by the variety of human and social services available to them in their communities. In several communities, public, private, and nonprofit organizations have responded by combining efforts to better address the complex needs of veterans for which single organizations cannot handle alone.⁴⁵ Such collaborative management efforts attract an array of stakeholders driven by a shared goal or interest to address issues through policy and non-policy channels.⁴⁶ This type of collaboration is often the best mode of service delivery for government agencies that experience difficulties marshalling the human or financial resources needed to enact veteran programming.⁴⁷

Public-private collaboration and partnership is naturally agile and adaptable to the needs of a community’s veterans and the resources already available. To counter limitations of state and local funding, collaboration enables government agencies to have greater impact on individuals’ lives through philanthropic support. Ninety percent of Pillar of Excellence submissions included collaboration with at least one outside organization or agency, with over 70 percent of programs involving partnerships between DVAs and community organizations and nonprofits (see Figure 21). For example, the WestCare Foundation works

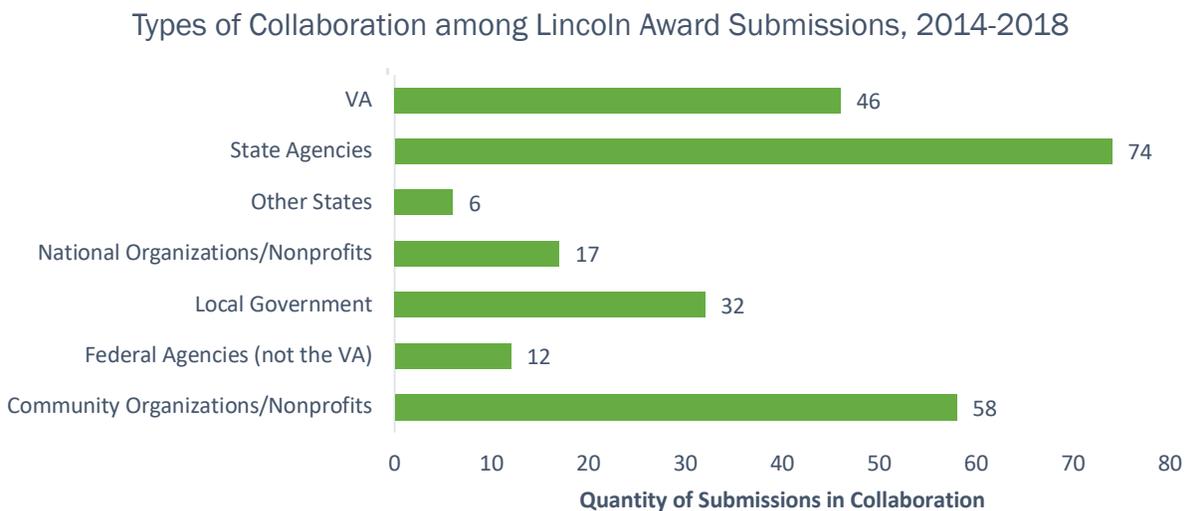


Figure 21. Types of Collaboration among Pillar of Excellence Submissions

with the Washington State DVA (WDVA) to implement and support WDVA's programs for homeless and incarcerated veterans.⁴⁸ The Illinois Department of Veterans Affairs enjoys a similar relationship with the Robert M. McCormick Foundation through the Illinois Joining Forces (IJF) initiative.⁴⁹

Collaboration can also take the form of engaging with local, state, and national organizations and government agencies to coordinate service delivery for veterans and their families.⁵⁰ Figure 22 shows that DVA services are often complemented by nonprofit and state agency programming, particularly by state workforce development agencies, health and human services, local veteran-serving organizations, and national nonprofits. Collaborative networks, like Nevada's Green Zone Initiative (GZI) and Alabama's AlaVetNet, demonstrate how public, private, and nonprofit organizations can engage with veterans and coordinate referrals and care between members. But collaborative management and relationships can exist outside networks as well⁵¹; Virginia's DVA (VDVA) collaborated with the Virginia Departments of Behavioral Health and Developmental Services (DBHDS), Aging and Rehabilitative Services (DARS), and the Virginia Coalition to End Homelessness from 2012 to 2015.⁵²

As state agencies share their leading practices, collaboration has the potential to augment the ways in which DVAs connect with their respective veteran populations. For example, due to the difficulty of identifying and contacting veterans in a state as vast and remote as Alaska, the Alaska Office of Veterans Affairs (AOVA) needed a reliable digital and reliable database of all veterans in its state. Looking to Utah, the combined Utah Department of Veterans and Military Affairs (UDVMA) had implemented a collaborative effort with its Department of Motor Vehicles (DMV), through which the DMV identified veteran status of its residents, and thereby enabling the UDVMA to send outreach postcards to their veterans. Based on this innovation, Alaska officials traveled to Salt Lake City in 2015 to learn about Utah's Veteran Information System and develop a partnership to create a similar tool for Alaska's veterans. Through collaboration with the Utah DVMA and the U.S. Department of Veterans Affairs Office of Rural Health, Alaska was able to recreate the program for \$110,000, improving its contact with Alaska's veterans at a low cost.⁵³ Similar success stories of interstate collaboration are bountiful, from Texas, looking to California's Veterans Strike Forces in 2014, to Minnesota looking to Michigan and North Carolina on creating a homeless veteran registry in 2016. Still, complete data on the diffusion of innovations and programs across states is most limited; these relationships are only known if explicitly stated within the Pillar of Excellence applications.

As states engage more frequently, sharing of leading practices has become increasingly central to the activities of local and statewide collaboratives.⁵⁴ For many veterans, community organizations are the most common contact points to these networks of services. However, individual organizations may not be equipped to full address all the possible needs that a veteran may present. As seen in Alabama's AlaVetNet and Texas' Military Veteran Peer Network, (MVPN), referrals and information sharing among participating organizations enables veterans to find and receive care or resources more quickly.

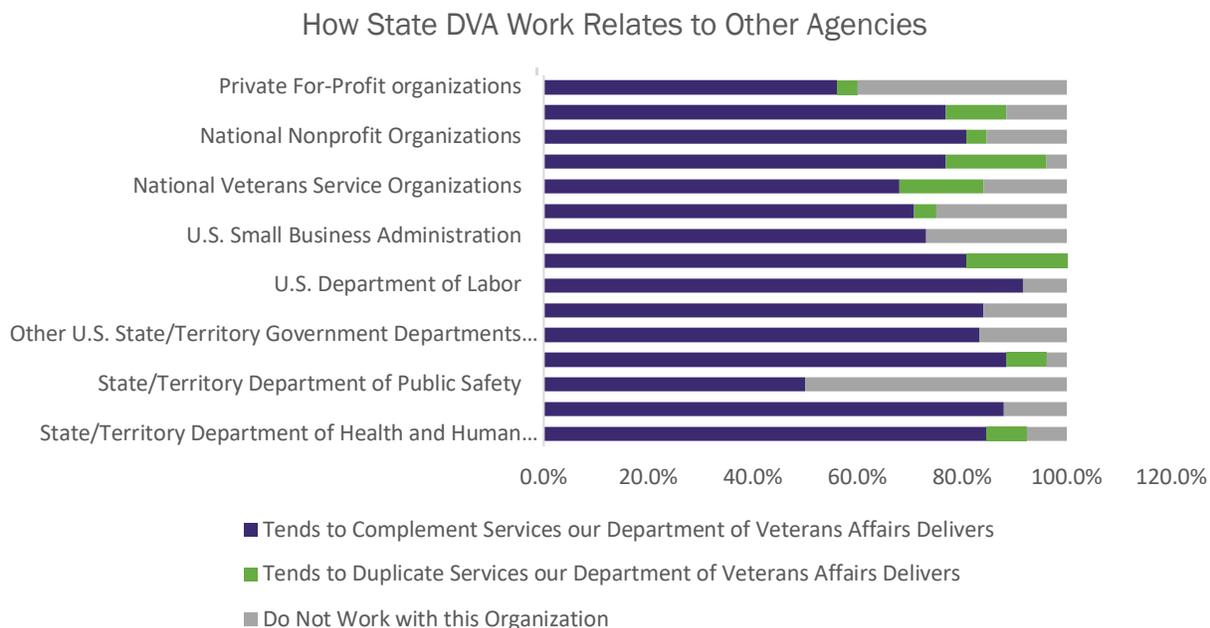


Figure 22. State DVA programs and services within the veterans-serving organizational environment

Three Pillar of Excellence Lincoln Award-winning programs exemplify the current and future potential for collaboration with communities on the national, state, and local levels. The following case studies highlight Washington State’s partnership with AmeriCorps on VetCorps, Michigan’s Veteran Community Action Teams (MVCAT) and Veteran Resource Service Center (MVRSC), and Alaska’s Tribal Health Agreement with the VA.

Washington State’s VetCorps

Innovation description. VetCorps is a partnership between the Washington State Department of Veterans Affairs (WDVA) and the Commission for National and Community Service (CNCS) to engage veterans in national civilian service through (AmeriCorps,) through making a positive impact on student veterans throughout Washington State college and university campuses. This program enables veterans to continue to serve their country by supporting student veterans. In 2016 and 2017, 1,386 VetCorps volunteers completed over 850 service projects throughout the State of Washington in 2016-2017, totaling over 324,000 total hours.⁵⁵

Goals.

- Help veterans be successful in their post-secondary education by providing a peer-to-peer mentorship on college campuses.
- Tap into the knowledge, skills, and abilities of veterans by engaging them in AmeriCorps national service positions.
- Enable veterans to make a positive difference in their communities and improve their quality of life as a civilians.

Target populations.

- VetCorps Veteran Navigators are AmeriCorps volunteers (mostly veterans) who work with student veterans across almost 50 public and private colleges and universities in the State of Washington. VetCorps navigators engage in a variety of endeavors on these campuses, from training and supporting college faculty, staff, and administration on student veterans' needs and unique challenges; assisting student veterans in navigating the GI Bill, financial aid offices, and VA benefits; and enabling student veterans to successfully navigate college life and the challenges it may bring. Through their volunteer service, navigators develop leadership, management, social, and advocacy skills. Moreover, 86 percent of past navigators agree that their service made a difference in the lives of student veterans. 50 VetCorps members were placed into higher education institutions across Washington in the 2016-2017 academic year, serving 42.5 hours per week; they received a \$1,343 per month stipend and an education service award of \$5,815 for completing a full term of service (1,700 hours).⁵⁶
- Student veterans face a variety of challenges entering higher education after post-separation, from GI Bill benefits to the lack of structure on college and university campuses. In some cases, their institution may have an office of veterans and military affairs, but in many instances, the veterans are left to their own capabilities to navigate their college higher education experience.

Best practice for theme.

- The VetCorps program is an excellent example of innovation in peer mentoring. Since most VetCorps navigators are veterans themselves who have navigated higher education (many receiving a degree), they are uniquely equipped to help current student veterans on similar journeys and challenges. Peer mentoring on courses to take, ways to structure homework and campus involvement time, mental health, and transition experiences can be critical to the success of current student veterans on campuses in Washington State.
- VetCorps navigators also make positive impacts through their guidance on assistance with navigating the college experience. Navigators and their site supervisors note that general assistance with navigation, making referrals for academic support, and obtaining financial support are three critical outcomes of the VetCorps program; this is particularly true for student veterans' first year on campus, when retention is a large concern among the students themselves and the college or university.⁵⁷
- Finally, this program demonstrates the collaborative efforts among WDVA, AmeriCorps, and colleges and universities in Washington State. Since partnering institutions are required to pay an annual participation fee of \$2,000 (\$3,000 for 2017-2018) to support the program, both VetCorps navigators and site supervisors note increased dialogue between VetCorps members and campus officials on how best to serve that campuses' veterans. VetCorps navigators frequently connect student veterans to outside veteran-serving organizations as well, such as The Mission Continues, Team Rubicon, and Team Red, White & Blue. These referrals enable student veterans to access and receive comprehensive care in addition to their academics.

Impacts. The presence of VetCorps navigators has shown to be a valuable and impactful effect on Washington’s student veterans’ academic and life success. In 2016-2017, student veterans on campuses with VetCorps navigators not only had a higher GPA (2.73 vs. 2.63) and passed more credits annually (22.7 vs. 19.6) than student veterans at non-VetCorps campuses in Washington, but they were also more likely to graduate from their degree program (17.6 percent vs. 11.7 percent).⁵⁸ Over 1,200 student veterans have received assistance from VetCorps navigators in 2016-2017 alone.

Potential for transfer and application. Officials from both WDVA and the Washington Commission for National and Community Service (WCNCS) encourage other states to adopt this type of collaborative program for their student veterans. Bill Basl, the former director of WCNCS, notes that successful implementation and transfer of the VetCorps program depends on four key factors:

- quality training of VetCorps navigators,
- productive collaboration with college campuses,
- local and state financial support, particularly through nonprofit organizations, and
- sufficient financial and staffing capacity at the DVA level.⁵⁹

Basl notes that it is particularly important for any VetCorps program to involve young veterans, especially those who served in Iraq, Afghanistan, or Syria, since most student veterans will have shared similar experiences given their age. Finally, WCNCS recommends that future VetCorps programs expand their service to include military spouses and widows after the first one to two years of the program, particularly if both spouses are attending college or university at the same time.

Michigan’s Veteran Community Action Teams

Innovation description. The Michigan Veteran Community Action Teams (MiVCAT) are “community-based systems of care” that integrate local, state, and federal service providers into a care continuum throughout the state of Michigan. A Michigan state official describes VCAT as “a unique animal to wrangle. It’s all based on the goodwill of providers to participate. No one is forcing these folks to be involved. The only exception [are] VSOs under state contract to provide benefits and claims assistance” [i.e., state contracts stipulating VCAT participation].⁶⁰ Using a technology collaboration platform called Podio, service providers and workgroup members within each MiVCAT collaborate to share information through referrals and to plan events and programs that which reach and serve Michigan veterans within their respective region. Since the formation of the first MiVCAT in metro Detroit in 2013, 988 members and 623 organizations are collaborating through MiVCATs to serve Michigan veterans.

Goals.

- Bring together service providers from across the State of Michigan in comprehensive networks to employ best practices, information, and tools to connect faster with Michigan veterans and serve them more completely.
- Create a “no wrong door” experience for veterans to find benefits and services through any MiVCAT participating organization.
- Integrate service organizations with peer groups in their communities to create an educational and networking environment for like-minded providers.

Target population.

- The MiVCAT system seeks to serve the more than 66,000 veterans currently residing in Michigan. Due to the frequent challenge of being unable to access and navigate the vast array of available services and benefits available to veterans, MiVCATs work to contact and engage with as many Michigan veterans as possible throughout the 10 Michigan Prosperity Regions where the MiVCATs operate.
- The MiVCATs also aim to engage more service providers to further integrate and coordinate service delivery, referrals, and action on veterans’ issues among the wide group of actors involved.

Best practice for theme.

- MiVCATs are innovative in collaborative service delivery in part due to their agile structure, active workgroups, and Veteran Leadership Forums (VLFs). Each VCAT is structured so that member organizations are able to quickly assess the veterans’ needs in their community and develop action plans or priorities by which to address such issues.
- VCAT responsiveness to local needs is enabled through member organizations’ deliberate implementation planning. VLFs typically result in the development of topical workgroups to address specific priorities, which facilitate more direct and effective local interventions.
- The MiVCAT system was the first collaborative network of service providers and stakeholders to serve the veteran population of an entire state. Centrally coordinated by the Michigan Veterans Affairs Agency (MVAA) in Lansing, VCAT teams span the entire state, and serve all of Michigan’s 66,000 veterans and their families, from the Upper Peninsula to Detroit and Grand Rapids. While other statewide service networks have proliferated in recent years, Michigan’s remains a model for networks that are coordinated by state DVAs.
- MiVCATs around the state use Podio, an online platform that which allows members and participants to communicate, collaborate, and formulate plans with each other on the best ways to meet the diverse needs of each veteran encountered. Podio also allows organizations to integrate referrals and to share information about unique veteran clients and their sets of needs.
- MiVCATs use a variety of communication strategies by which to communicate with veterans in their communities and respective geographic areas. Younger veterans are more likely to learn about the VCATs in their community through personal interaction, word of mouth, social media, and the internet, while older veterans are more receptive in person and over the phone. Using diverse communication media allows VCATs to engage with veterans who may not have been contacted via traditional channels.

Impacts. Since the creation of the MVAA and the first MiVCAT team in 2013, the MiVCAT system has brought together hundreds of service providers to coordinate service delivery for Michigan veterans and their families. Both MVAA and the MiVCATs have helped more Michigan veterans receive care from community organizations and the VA; this is particularly evident in the \$1 billion increase in Michigan's geographic distribution of VA expenditures (GDY) from 2013 to 2015, an increase of \$1,750 per veteran.⁶¹ Not only is there increasingly more VA funding coming into Michigan, but service providers also note that through VCAT community participation they develop new working relationships, serve more veterans, and provide and connect with veterans within a more complete continuum of care.

Potential for transfer and application. The Altarum Institute had successfully implemented the VCAT system in San Diego and San Antonio before its deployment in Michigan. Both VCATs have spawned new collaboratives, demonstrating the potential impact the VCAT model and community-based collaboration can have on veterans' lives. As other states seek to adopt the VCAT model, the Altarum Institute and MVAA provide a number of recommendations for successful VCAT systems:⁶²

- Adopt Podio or a similar customer relationship management (CRM) platform by which service providers and VCAT members can share information about veteran clients and refer them to appropriate organizations for care. This enables the VCATs and MVAA to assume more of a navigator role and is particularly useful across larger geographic areas, where there may be fewer opportunities for face-to-face coordination.
- Each VCAT should conduct a community needs assessment before standing up the team to understand the range of needs and concerns of local veterans and their families. MiVCATs conducted five needs assessments for four Michigan Prosperity Regions and the Metro Detroit area to learn the needs their veterans faced and barriers to care, and to develop recommendations for how best to serve them.⁶³
- Both Altarum and the MVAA emphasized the need for sustainability, noting that these VCAT coalitions must not only be adaptable to the changing needs of veterans, but also in members, network structure, and financing. They recommend that workgroups during the VLF process create an action plan with priorities for how to maximize social capital, network function, and funding streams over time.
- As with any community-based organization or program, it is critical to build a diverse stakeholder base and encourage community involvement in programs, service delivery, and outreach. Future VCATs should work to engage not only traditional VSOs like the American Legion and VA outpatient clinics but also health, workforce development, educational, housing, and family support organizations to create wrap-around care for the community's veterans.
- State funding for community-based VCATs may not always be reliable and pose a potential risk to sustainability. A diversified funding strategy through local government, nonprofit and philanthropic giving, and private sector funding is a wise approach.

Alaska's VA/Tribal Health Agreement

Innovation description. Alaska's residents and veterans face significant transportation challenges, given a land mass that is one-third of the continental United States (586,400 square miles) and only one paved highway system in the entire state. Alaskan veterans face difficulty accessing VA health care and other services, as a result. The Alaska VA Healthcare System (AVAHS) spends \$3.5 million annually to transport veterans from rural areas of Alaska to Anchorage, where the VA Medical Center is located.⁶⁴ To reduce transportation costs, augment efficiency of service delivery, and bring services closer to Alaska's veterans, the Alaska Department of Veteran Affairs (ADVA) collaborated with the Alaska Native Healthcare Programs (ANHP) to create a cost- and facility-sharing agreement that allows Alaska veterans to access care at all tribal health clinics. This agreement is particularly important for Alaska Native/American Indian (AN/AI) eligible veterans. The agreement has reduced VA expenditures on travel while improving access to care for Alaska's most remote veterans.

Goals.

- Improve access and quality of care for Alaska's most remote eligible veterans, particularly AN/AI veterans, by partnering with community organizations and local health care networks.
- Augment cost-effectiveness of Alaska's VA Healthcare System care by reducing transportation costs.

Target population. The VA/Tribal Health Agreement aimed to help Alaskan veterans most in need: those who live great distances from the VA Medical Center in Anchorage and are most isolated from benefits and services for which they may be eligible, particularly Alaskan Native and American Indian veterans living in rural Alaska.

Best illustration of theme.

- Cost sharing between service providers and government agencies can help alleviate financial constraints of effective service delivery. In this partnership, the VA reimburses AN/AI facilities for an outpatient visit or inpatient hospitalization of any eligible Alaska veteran. This payment and usage structure allows the ADVA and VA to save valuable financial resources and builds a constructive and mutually beneficial relationship with the state's Tribal Health System.
- Reaching minority veterans who may not have the same level of access or information to available services can be a significant challenge for service providers. The VA/Tribal Health Agreement empowers and enables AN/AI veterans, who may traditionally be isolated from care due to transportation barriers, to access the Tribal Health System using VA funding. This is a noteworthy example of how the VA and DMVAs engage with minority veterans in a mostly rural state.

Impacts. Since the beginning of the VA/Tribal Health program, more Alaskan veterans have used VA-funded health care than ever before. VA-funded health care covered 96 percent of Alaskan veterans in 2013, an increase of 10,000 veterans from the previous year. Higher levels of veteran enrollment in tribal health care facilities has allowed the VA in Anchorage to significantly reduce the \$3.5 million annual travel costs to outlying areas. As a result, budget reallocation has allowed ADVA to increase village visits from 264 to 346 from 2011 to 2013 and increase its annual travel budget to \$100,000 for rural outreach and education. High veteran enrollment also resulted in increased ADVA service officer funding by 40 percent and the addition of three new members to the service officer corps. Overall, the program was critical in reaching significantly more Alaskan veterans while decreasing VA and ADVA travel and service costs.

Potential for transfer and application.

- This model has transformative potential in states with large American Indian veteran populations, have limited travel infrastructure, or large pockets of veterans residing in rural or remote areas. Since Alaska implemented the agreement in 2012, California, Idaho, Montana, Nevada, Oregon, Utah, Washington, and Wyoming, have pursued similar agreements with American Indian tribes in their respective states.⁶⁵
- States can facilitate increased enrollment in VA-funded health care by providing more contact points for veterans to interact with the VA system. Partnering with community health care organizations through cost-sharing agreements, particularly in less densely populated states, may be a catalyst for higher VA enrollment and larger geographic distribution of expenditures into the state as veterans have closer proximity to VA-funded healthcare.
- Affording access to VA-funded health care for all veterans, particularly those of minority or ethnic background, is imperative in states with large minority veteran populations, such as California, Hawaii, Maryland, and New Mexico. Alaska's agreement helped bring more AN/AI veterans into VA health care, ensuring that they receive the highest quality care possible.

Innovation Theme: Use of Technology

Thematic snapshot. To serve constituents effectively, government agencies and officials at all levels need to interact with citizens to understand the issues they face and develop policies that address those concerns. Since the emergence of social media almost 20 years ago and sustained interest in “e-governance,” the ways in which governments interact and engage with their citizens are changing due to innovations in technology and communication. This, in turn, has made government more accessible and citizen-centric.⁶⁶ Technology in the past 15 years was especially helpful at making government more efficient, interactive,⁶⁷ more transparent and trustworthy,⁶⁸ and ultimately more responsive to citizens.⁶⁹

Twenty-six state submissions to the Pillar of Excellence program focused on using technological processes to augment service delivery and connect with veterans. Among these programs, there is great diversity on the types of technology employed, from collaborative platforms and case management database systems to websites, mobile apps, and social media.

Washington State and Alaska pioneered programs and online tools to increase efficiency and responsiveness to their veteran and military family constituents. Washington State Department of Veterans Affairs (WDVA) worked with the Washington Department of Social and Human Services (DSHS) using the Public Assistance Reporting Information System (PARIS) from the VA to identify DSHS clients who are veterans and who may qualify for federal benefits.⁷⁰ Sharing data on a statewide scale enabled WDVA and DSHS to improve the lives of veterans who may have been disconnected from WDVA or VA services and benefits.

Similarly, Alaska's Office of Veterans Affairs (AOVA) collaborated with the Division of Motor Vehicles in 2016 to create a Veterans Information System (VIS) to identify every veteran living in Alaska through their enrollment in the Permanent Fund Dividend. This collaboration between agencies and use of technology helped AOVA not only connect with more veterans residing in Alaska, but also ensured that Alaska received sufficient VA funding to serve its population.⁷¹

Innovations with technology also manifested in online interfaces by which veterans could interact with an array of government agencies and service providers to address their needs and concerns. Alabama's Department of Veterans Affairs launched AlaVetNet in 2013 to share data and information among multiple service providers, including the Alabama Department of Mental Health. Service providers, government agencies, and veterans use an online interface where they can send requests for services, referrals to other organizations, and capture data on network activity.⁷²

As social media and technology platforms have become increasingly important for communication, governments often lack the capability to effectively communicate with other governments and the public, due in part to slow adoption of social media platforms like Facebook, Instagram, Twitter, and LinkedIn.⁷³ Social media are innovative and direct tools through which governments can disseminate information, market events, and engage with constituents. For example, Florida Department of Veterans Affairs' 2014-2015 "Honoring Those Who Served U.S." outreach and branding campaign leveraged social media platforms like Facebook and YouTube to connect with veterans across demographic groups throughout the state.⁷⁴

Efforts have also been made to engage citizens and veterans as a way to spread a sense of shared ownership over their state's military history and responsibility to veterans. Idaho's Division of Veterans Services (IDVS) started a multi-media memorials and monuments program allowing the families of veterans to use a free online website called Historypin.org to share historical and contemporary information, photographs, and stories about Idaho's veterans. The program is not only practical—simplifying the electronic compilation of Idaho's

memorials and monuments—but it also allows the IDVS to engage with citizens through another medium.⁷⁵

Two Pillar of Excellence Lincoln Award-winning programs exemplify the current and future potential for using technological innovation to positively impact service delivery for veterans and their families. The following case studies highlight Minnesota’s Discharge Access Database System (DADS) and Ohio’s Inter-Agency Paperless DD-214 Project using the Defense Personnel Records Image Retrieval System (DPRIS).

Minnesota’s Discharge Access Database System (DADS)

Innovation description. The Minnesota Department of Veterans Affairs (MDVA) sought to create a central searchable database, the Discharge Access Database System (DADS), of discharge papers (DD-214 form) for every veteran in Minnesota so that county veteran service officers (CVSOs) could contact and request documents for any veteran in the state. The database was modeled after Minnesota’s Official Marriage System and seeks to enable veterans to receive Minnesota and VA benefits easier by making their discharge papers DD-214s more accessible to CVSOs across the state.

Goals.

- Increase Minnesota veterans’ access to VA and Minnesota benefits and services using technological solutions.
- Enable Minnesota veterans and CVSOs to access discharge papers DD-214s more readily and efficiently.

Target population. This program sought to improve the lives of 337,362 Minnesota veterans and their families, particularly those who currently reside in the state. The program also enabled the 87 Minnesota CVSOs to work on veterans’ benefits cases more efficiently, decreasing the administrative and logistical challenges of searching for a discharged veteran’s papers if the veteran was discharged in a different county than the one they currently reside in.

Best illustration of theme.

- Minnesota’s DADS DD-214 database harnesses recent interest and work around the country to digitize veterans’ records and reduce the risk of losing physical paper documents to natural disasters, aging, or relocation of MDVA offices. The 1973 fire at the National Personnel Records Center in St. Louis destroyed approximately 16 million to 18 million official military personnel files.
- In a continuing quest for efficiency in the VA and state veterans’ benefits claims process, Minnesota’s DADS DD-214 database helps expedite the claims process for Minnesota veterans by enabling CVSOs to access discharge papers, which are required for any benefits claim. Instead of relying on veterans’ memory of to the county in which they were discharged, and CVSOs calling to other counties to track down individual records, CVSOs can find any veteran’s papers with the click of a button.

- This program naturally encourages information sharing and collaboration between CVSOs across the state of Minnesota. By encouraging each county to digitize its veterans' discharge forms, CVSOs are able to collaborate with their peers in a more efficient manner through technology.

Impacts. Since the program started in 2016, CVSOs from 85 counties across the state have entered 526,142 discharge records into the statewide database. CVSOs have conducted over 32,000 searches and found 887 missing records for Minnesota veterans.⁷⁶

Potential for transfer and application.

- This type of database with discharge papers can be easily replicated by other states that have a centralized veterans agency and county-level veteran service officers who can work to digitize and upload records to a database. This would significantly improve the VA claims application process for both CVSOs, DVAs, and individual veterans.
- Minnesota's database could also be extended to include other types of military records, which are used to apply for benefits and services like the GI Bill, disability, and housing. Each veteran could have a comprehensive file within the database with all of their federal and state military-connected documents. This could also create greater efficiency in applying for various VA benefits and services.
- Due to the accessibility of the DADS online system, this program could be valuable to states with a large rural veteran population. A state official from Nevada noted that "states can never afford to put VSOs or staff in every town. You have to have a network," through which a statewide and technology-intensive solution like DADS can facilitate veterans' benefits and claims applications.⁷⁷

Ohio's ODVS Mobile App

Innovation description. Post-9/11 veterans have more services and resources available to them than any other era of veterans in U.S. history, but they are less likely to seek out these services through traditional means, like of visiting a government office or through mail and telephone advertising. Ohio's Department of Veterans Services (ODVS) sought to connect with these younger veterans in an innovative way by using a technology that younger veterans commonly use: a mobile application ("app"). The mobile app allows Ohio veterans to learn about available federal and state benefits, application processes, and contact information for each of Ohio's county veteran services offices. The app also has an "In Crisis" link to the VA's 24/7 crisis prevention line, enabling veterans to receive real-time care in dire situations.

Goals.

- Connect the ODVS with younger Ohio veterans to inform and expand their access to VA and state benefits and services.
- Produce a mobile app that achieves the greatest utility for a veteran and is easy to use.

Target population. The ODVS targeted this app, both in marketing and function, at post-9/11 veterans, who are most likely to have a smartphone. Peacetime and Gulf-War era veterans within Ohio, the greater United States, and foreign countries also have used the app.

Best illustration of theme.

- This app has been influential in connecting Ohio veterans to VA and state services since its debut in 2013. Over 9,000 users have accessed information about compensation, pension, health care, and financial assistance services through the VA, which could result in new or re-enrollments within the VA system for care and benefits.
- ODVS was one of the first DVAs to translate its online website into an app form to connect with younger veterans who use smartphones and mobile apps. This is an innovative use of current technology to engage with citizens.

Impacts. Since its debut in 2013, the ODVS app has been downloaded by 9,226 users in the State of Ohio, the United States, and abroad. With 127,912 total views, the most popular pages concern compensation, pension, health care, and financial assistance benefits and services through the VA with 15,599 views.⁷⁸ Ohio veterans also frequently accessed information about CVSOs and available job resources. The app has helped connect thousands of Ohio veterans to VA and state resources and care.

Potential for transfer and application.

- Any state can replicate this type of program and mobile app due to its easy-to-use interface. DVAs in New York and Texas have created mobile apps that are currently available in the iTunes App store for iOS devices. As DVAs seek to increase engagement with their state's veterans, mobile apps may play a more central role in connecting to younger generations.

Maine's User-Focused Website Upgrade

Innovation description. Maine's Bureau of Veterans Services (BVS) initiated a website upgrade in 2015 to improve its user experience and information dissemination on federal and state benefits and services to Maine veterans. The refreshed website included specific tabs on benefits and resources available within the state. It also offered an updated list of veteran-serving organizations, which grew from 30 organizations in 2015 to more than 400 in 2017, across 16 service areas and Maine's 16 counties. Maine BVS also made the site more accessible to veterans by

simplifying the URL (www.maine.gov/veterans) and by listing the phone number and website of BVS on its home page instead of on a complicated “Contact Us” form.

Goals.

- Make the Maine BVS website more user-friendly and informative for Maine veterans.
- Engage the BVS with Maine veterans in a more effective and less confusing manner.
- Disseminate information about government benefits and services in a concise and practical way.
- Provide a dynamic interface that allows users to find resources specific to their needs faster and easier.

Target population. The BVS website upgrade was directed at the 116,782 veterans residing in Maine. The website also served as information hub for the hundreds of private and nonprofit organizations and government agencies that work with veterans throughout the state.

Best illustration of practice.

- Maine BVS’s efforts to revamp how it connects with veterans generated greater veteran engagement in return. Since the website renovation, BVS has experienced 78 percent growth in power of attorney submissions for veteran and dependent claims from 2015 to 2017.⁷⁹
- In a geographically vast state with limited communications in northern regions, state agencies need to use information technology to disseminate information more effectively. The new website allows the BVS to engage with Maine veterans and disseminate information in a more streamlined, user-friendly, and informative manner.
- Specifically, the user experience of the website was revamped to provide dynamic user experiences based on the identity of the user. Veterans with specific needs such as homelessness could navigate to specific resources catered to their needs. Spouses, dependents and transitioning service members all have the option to navigate different resources easily based on their needs.

Impact. In addition to the user-generated growth, noted above, the website garnered international recognition for outstanding achievement and service in the field of communication, receiving a Communicator Award of Distinction from the International Academy of Visual Arts.

Potential for transfer and application.

- All DVAs have websites that provide valuable information to veterans and their families and connect them with eligible VA and state benefits and services. Maine’s website can be a model for other states seeking new or different ways to engage veterans on an online platform.
- Given the diversity of the veteran and military-connected population, DVAs are under constant pressure to seek out improvements in how they disseminate

population specific information to their audiences. Maine’s DVA website creates a user experience that lends itself to easy navigability for general browsers needing identity specific information.

Innovation Theme: Interagency and Cross-Sector Cost Sharing

Thematic snapshot. Governments, philanthropies, and nonprofit organizations share a synergetic relationship in serving the needs of veterans and their families. While nonprofits and foundations may partner on some issues, such as child well-being or food security, service delivery within the veterans’ sector requires multi-level government participation and funding because veterans often lack access to or awareness of government services and benefits through state governments, the VA, and other federal agencies. State governments contributed funding for 96 percent of the submitted Pillar of Excellence programs (See Figure 23). Equally, governments must also work with nonprofit community organizations. In some instances, state governments may lack the community ties or trust necessary to collaborate with local nonprofits and foundations effectively. In others, they may have limited financial resources or connections to local veterans within specific communities. In the pursuit of high-impact service delivery, both governments and nonprofits must work together to amplify each other’s outreach and effective service delivery.

Resource pooling between government, foundations, and nonprofits was particularly successful in Washington State’s campaign to end veteran homelessness from 2008 to 2012, for example. This was one of eight programs to receive funding from community nonprofits and philanthropies (in addition to state funding). The Washington Department of Veterans Affairs (WDVA) brought together federal (VA, U.S. Department of Housing and

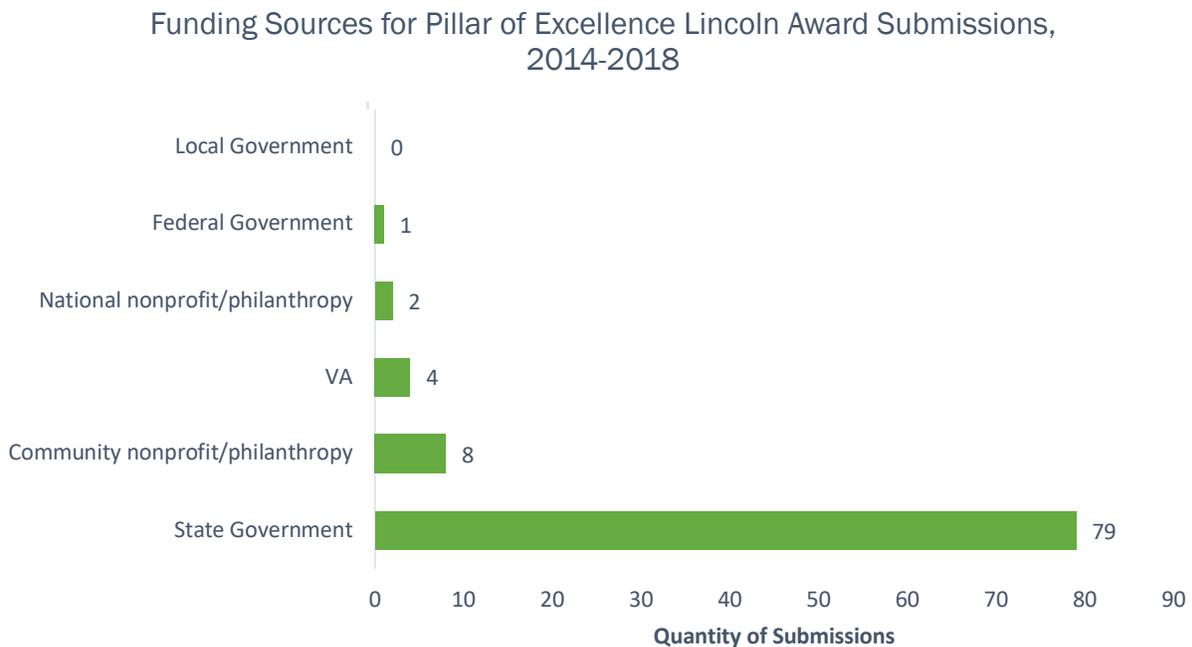


Figure 23: Funding Sources for Pillar of Excellence Submissions

Urban Development, and Social Security Administration), state (Department of Social and Health Services, Disability and Determination Services, and the Washington State National Guard), and local government (17 counties) to collaborate with local nonprofits and foundations such as Catholic Community Services of Western Washington and the WestCare Foundation.⁸⁰ These partnerships allowed the WDVA to leverage both knowledge, available funding, and community engagement to reduce veteran homelessness by 83 percent over five years.⁸¹

In evaluating funding arrangements in community-based and public-private partnerships, governments also engage in “make-or-buy” decision making. In most cases, governments tend to buy goods and services if greater innovation and technological advances are available from non-governmental organizations than what the government agency can provide itself.⁸² National and community nonprofits are more often more agile in that they can adapt their service delivery to the changing needs and circumstances. The demand for dexterity, scale, and sector knowledge are major drivers behind governments’ decision to partner with nonprofits and foundations instead of trying to deliver all services internally.⁸³

Both foundations and national nonprofits play a key role in the ability of these partnerships to function, given often limited governmental financial resources. Ten program submissions received funding from community or national nonprofits and philanthropies. Illinois Joining Forces (IJF) is an example of this “make-or-buy” decision because it involves the Illinois Department of Veterans Affairs (IDVA), over 150 national, state, and community organizations, and the McCormick and DeBlasio foundations, both based in Chicago. Grants supplied from both foundations provide the critical revenue by which IJF can operate as a collaborative network serving Illinois’ veterans and their families.⁸⁴

One Pillar of Excellence Lincoln Award-winning program exemplifies the impact and value of governments partnering with national nonprofits and philanthropies for their financial and human resources, knowledge, and community involvement. The following case highlights California’s partnership with Habitat for Humanity in 2014 to end veteran homelessness in greater Los Angeles.

California’s Habitat for Heroes Enriched Neighborhoods

Innovation description. California has the largest homeless veteran population in the United States. To combat this issue, the California Department of Veterans Affairs (CalVet) partnered with Habitat for Humanity San Fernando/Santa Clarita Valleys (SF/SCV) to increase the supply and access of affordable housing for veterans through combined financial support and partnerships with federal, state, and local agencies. With financial and resource advantages of Habitat for Humanity SF/SCV, this partnership resulted in the development of two housing communities in Sylmar and Santa Clarita, with a third community planned for Jurupa Valley.

Goals.

- Increase supply of affordable housing through housing assistance programs.
- Increase veteran access to housing through innovative multi-government financial arrangements between with federal, state, and local agencies.
- Make housing affordable to veterans in the low-income brackets (50 percent to 80 percent average median income).
- Provide programming to prevent foreclosures.
- Provide skills training to improve veterans' ability to achieve economic, educational, and social growth.

Target population. Habitat for Heroes Enriched Neighborhoods targeted low-income veterans and their families living in the San Fernando and Santa Clarita Valley regions of greater Los Angeles. The majority of veterans receiving new permanent housing (60 percent to 65 percent) were Hispanic and partially disabled. The partnership also targeted SF/SCV's enrichment services to veterans enrolled at College of the Canyons GI Bill Program.

Best illustration of theme.

- The partnership between CalVet and Habitat for Humanity SF/SCV is an excellent example of cost sharing with a national organization to provide impactful services within CalVet's budget constraints. CalVet funded between 56 percent and 88 percent of the mortgage costs for construction projects in Sylmar, Santa Clarita Valley, and Jurupa Valley (Riverside) at 4.25 percent interest. Habitat for Humanity SF/SCV provided funding for the remaining 12 percent to 44 percent of the mortgages at 0 percent interest.⁸⁵
- In addition to partnering on a cost-sharing venture with CalVet, Habitat for Humanity SF/SCV leveraged financial, resource, and knowledge support from an array of national and local organizations to offer enrichment classes to lower-income veterans and their families. For example, these classes ranged from Citibank classes on financial management and Home Depot courses on home repair to classes on PTSD and domestic violence counseling from SCV Child and Family Center.

Impacts.

- Habitat for Humanity SF/SCV built 140 homes from 2012 to 2015 in Sylmar, Santa Clarita, and Riverside.
- Veterans paid one-third of their income for the homes in all three areas, which amounted to \$1,560 per month, \$144 less than the average one-bedroom apartment.⁸⁶ On average, veteran families saved \$64,100 in the Sylmar community, \$74,000 in the Santa Clarita community, and \$25,000 in the Riverside community.⁸⁷
- CalVet and private donors raised and financed \$22.3 million for the Habitat for Humanity SF/SCV projects.

Potential for transfer and application.

- Dana Bartholomew of the *Los Angeles Daily News* noted that the partnership between CalVet and Habitat for Humanity SF/SCV was not just impressive in a California context, but it could also serve as a national model for affordable housing and supportive services.⁸⁸ Engaging in financing and equity-sharing partnerships with private donors and nonprofit organizations can be productive structure in the long term for state governments, particularly with uncertain budget allocations over time.
- While governments may sometimes have the capacity to deliver services and implement projects on their its own, this example in greater Los Angeles shows the value in partnering with community organizations, businesses, and nonprofits to help fund the project and enable veterans and their families to make the greatest use of their homes.
- CalVet and Habitat for Humanity SF/SCV put a clear priority on using enrichment courses at College of the Canyons to enable veterans to live healthy, productive, and safe lives. The emphasis on learning civilian life skills, from financial planning and management to housing repairs and family counseling, allows veteran families to set themselves up for success in the years to come.

Chapter Summary

Through assessing 82 leading practices submitted for consideration to the VA's Lincoln Awards, we see four key themes emerge in service delivery innovation for veterans at the state level: Communication, Community Collaboration, Technology and Cross-Sectoral Cost Sharing.

- Communications and Outreach innovations typically involved tailored outreach approaches. For example, in person communication was best for veterans in crisis, while online marketing was better served in reaching younger veterans.
- States that sought out Community Collaboration innovations worked with and across the local ecosystems of nonprofits throughout their state, acting as a service coordinator, and in some cases, making referrals to other providers who could assist veterans.
- Technological innovations were made up of online outreach tools and data sharing and management practices that helped reach, count, and better understand the state's veteran population.
- Cross-Sector Cost Sharing practices brought together multiple agencies across state, local and federal government to pool resources and work towards solving singular problems such as homelessness.

Chapter 4

Case Highlights of State Veterans Agencies

Building off the insights of the last chapter, this section provides additional insights on innovations and best practices of high-performing state veterans agencies (DVAs). This section describes how high-performing states provide a suite of programs to serve the specific needs of their veteran populations. Each of the states profiled contains information on the state's history, organizational structure, budget, services provided, and veteran population makeup. Additionally, each state highlight contains illustrations of the state's best practices in the categories of innovation highlighted in the previous chapter. For additional details on our case selection process, please reference back to the Introduction, which describes our methodology.



Alaska Office of Veterans Affairs

Overview

Alaska's Office of Veterans Affairs (OVA) provides eight functions of support to Alaska's military veterans. It provides navigation for veterans to easily find a veteran service officer who can help file claims requests. It provides health care, employment, and education benefits. Additionally, it has a range of miscellaneous benefits, such as real estate, veteran permits, passes and plates, and specific awards and grants. The department also processes military record requests, helps navigate veterans to their local VAs, and runs a set of Alaska veterans centers.

Verdie Bowen was appointed OVA director in 2009 and reappointed in 2015. He joined the Air Force in 1981, was first stationed in Idaho, and spent his career supporting communication systems development and other projects. After his retirement, he held high-level corporate positions, providing consultation to federal, state, and local government clients. The OVA also has a deputy director, Mercedes Angerman, and program manager, Forrest Powell.

The OVA has a suite of comprehensive employment programs and services to help veterans and military spouses secure employment. The Hero2Hired program helps military reserve component services members connect with veteran-friendly companies and offers career exploration tools. Some funding for H2H comes through the Department of Defense's Yellow

Ribbon Program. The OVA offers more general veterans employment services that include priority job referral, career counseling, career assessment, job development, and resume assistance.

The department offers educational benefits as well. In addition to the GI Bill, Alaska offers a number of programs and scholarships to veterans and active duty personnel who seek education at University of Alaska. The spouse and dependents of armed service members killed in the line of duty are entitled to a waiver of undergraduate tuition at UA. The state also offers student loan protection programs for veterans and active duty military.

Snapshot: Alaska Office of Veterans Affairs

Year Established: 2013

Part of Another State Agency: Yes, consolidated with military affairs

Member of Governor's Cabinet: No. Reports to board and director of Department of Military and Veterans' Affairs

Leader Reports Directly to Governor: No

Leadership: The department is led by a commissioner and deputy

Departmental Areas of Responsibility: Benefits and claims assistance, employment, scholarships, license plates, military records

Budget and Finances: Alaska's OVA budget has shrunk from \$60 million in 2015 to \$57 million in 2019. Much of the funding comes from state funds other than a general fund. Determining exactly how funds are allocated is difficult given the OVA is situated within a larger department.

State Veteran Population: Alaska is home to 68,715 veterans, 14 percent of whom are women veterans. Thirty percent of the veterans are 65 or older; 18 percent are 18 to 34. About 56,171 of Alaska's veterans are from wartime eras: 369 World War II veterans, 1,957 Korean War veterans, 19,095 Vietnam veterans, 37,571 Gulf War and post 9/11 veterans.

Alaska's veterans are racially homogenous. About 53,707 of the 68,715 veterans are white. About 4,204 are black or African American and 3,913 are Latino. A relatively large number of veterans (4,390) are Native American/Alaskan Native, and 21,470 veterans live in rural areas.

The department also offers several real estate programs. The OVA partners with the Alaska Housing Finance Corporation (AHFC) to administer the Veterans Mortgage Program, which offers financing for qualified veterans at lower interest rates. The AHFC also offers a veterans interest rate preference; veterans may receive a one percent lower rate on the first \$50,000 of a home loan purchase.

The miscellaneous programs the OVA provides include permits, passes, veteran license plates, and discounts on licenses. The OVA also offers state grants and awards to help maintain memorials around the state.

The department plays a large role in steering the Alaska Veterans Advisory Council. The council, consisting of 13 members appointed by the governor, addresses the needs and improves recognition of all Alaska's veterans, spouses, and dependents. The council meets annually and advises the OVA and governor on veteran affairs.

Enablers of Success

Political support and leadership. Much of Alaska's success in caring for its nearly 70,000 veterans stems from the leadership and support received from the governor's office. The governor plays a significant role in guiding the National Guard activities within Alaska, as well as developing policy and programs that serve its veterans. The OVA's connection to the governor helps galvanize support and political energy to achieve important outcomes. One state official said, "Being governor-connected is critical—[having a] place at the table—but still, if swapped out frequently, you become more of a tertiary player" (Personal Communication, April 25, 2018).

The OVA's connection to the governor may be a function of personality than of organizational makeup. For example, the Office of Veterans Affairs is one of nine departments that report to the deputy commissioner and commissioner/adjutant general. This absorbed structure can serve as a barrier to carrying out new initiatives that require leadership buy-in. One state official pointed to a program in Utah that sought to build homes for veterans. While the program was absorbed under the Department of Military Affairs, the program did not gain traction. When the department became independent, it was able to carry out this program unfettered. The official said this is because often times the National Guard receives priority attention from a governor (Personal Communication, April 25, 2018).

It is important to note these organizational structures. But, ultimately, the OVA is empowered by state leadership, not only to carry out programs but also to advocate for innovative legislation. As one state official said, "OVA can be totally in sync with governor, but totally out of sync with legislature. [It] ultimately comes down to relationships and having a heart for veterans. [It] really comes down to personality" (Personal Communication, April 25, 2018).

Intergovernmental relations and partnership. The OVA operates as an integral piece in the ecosystem of serving veterans across Alaska. With a number of players—such as VSOs, local agencies, and the VA—the OVA works as a connector, disseminating information, delivering services, and informing policy and practice. Joint agreements between the VA and Alaskan military installations demonstrate the go-between power of the OVA's position. This agreement offers the opportunity for veterans and active duty military to share services and develop awareness of the benefits to which they are entitled. This agreement shows how DVAs can step in to broker agreements between different agencies at different levels of government.

Agreements like this are broadly applicable and transferable to other states. One state official said, “Relative to nonprofits and other state agencies, DVAs understand issues inside the VA. They can better spread the word, promote access...It’s [the] glue between all the departments” (Personal Communication, April 25, 2018). This particular example is relevant as an innovation in the time of transition. The OVA considers transitioning service members to be a largely untapped economic opportunity who bring in benefits and boost spending. Agreements between active duty and veteran services help the Alaskan economy and Alaskan veterans take full advantage of this opportunity. One official put it, “Every active duty service member is just a veteran with a uniform on. If you don’t work to transition them, you’ll have problems.”

Communications and outreach. Alaska’s OVA communications and outreach practices are typical of many other DVAs. One state official went as far as to say, “[The] federal government wins when people don’t know about the benefit” (Personal Communication, April 25, 2018).

With a web and social media presence, the OVA spreads awareness online. It also relies heavily on its connections through county service officers and VSOs to spread word of benefits and resources. The OVA works in tandem with community organizations and local agencies to connect veterans with long-term benefits and services. These agencies are connected in efforts to spread awareness and engage with veterans.

Example Innovation

Alaska’s residents and veterans face significant transportation challenges, given a landmass that is one-third of the continental United States (586,400 square miles) and only one paved highway system in the entire state. Alaskan veterans face difficulty accessing VA health care and other services. The Alaska VA Healthcare System spends \$3.5 million annually to transport veterans from rural areas of Alaska to Anchorage, where the VA Medical Center is located. To reduce transportation costs, augment efficiency of service delivery, and bring services closer to Alaska’s veterans, the Alaska Department of Veteran Affairs collaborated with the Alaska Native Healthcare Programs to create a cost- and facility-sharing agreement that allows Alaska veterans to access care at all tribal health clinics. This agreement is particularly important for Alaska Native/American Indian eligible veterans. The agreement has reduced VA expenditures on travel while improving access to care for Alaska’s most remote veterans.

Critical Analysis

Alaska’s success is driven more, seemingly, by personality than organizational conditions alone. If state leadership were to change, much of the political resources may be sacrificed. Considering the director of the DVA does not sit on the governor’s cabinet, there is no systemic function positioning veterans as a priority across administrations. Additionally, the Alaska DVA is consolidated within the department of military affairs, which may present future conflicts in terms of organizational prioritization and resource allocation under different leadership. With veteran services consolidated with military affairs, veteran related priorities must share resources with those priorities of Alaska’s military need.



Florida Department of Veterans' Affairs

Overview

Florida's Department of Veterans Affairs (DVA) provides nine functions of support to Florida's military veterans. It provides navigation for veterans to easily find and file claims requests. It provides health care, employment, housing, and education benefits. Its range of miscellaneous benefits includes burial, preferential hiring, and a state-approving agency. The department also processes military record requests.

In 1988, Florida voters approved a constitutional amendment to create the Florida Department of Veterans' Affairs as a separate agency to handle the needs and concerns of the state's veterans.

The department reports to Executive Director Glenn Sutphin, Jr. Deputy Executive Director Al Carter oversees the functional and operational directors. Four operational directors are responsible for general counsel, legislative and cabinet affairs, information technology, and communications. Three functional directors handle administration, state homes, benefits, and assistance. The department has locations across the state. The director of state veterans' benefits and assistance manages the broad portfolio of direct services the DVA offers, while the director of state veterans' homes manages the various directors.

The benefits and claims assistance arm of Florida's DVA provides considerable benefits for veterans and the state. The agency served 95,000 veterans and delivered a service 474,415 times in 2017. Claims representatives assist veterans in making federal VA claims. Florida also provides direct benefits to its veterans pursuing education by waiving out-of-state tuition fees for all honorably discharged veterans who live in the state. This fee is also provided to active duty members. The DVA provides scholarship to dependents whose parents died in combat.

Across state government, veterans are given preference in hiring for jobs. Employ Florida Vets, an online job portal, allows service members to match their experiences with current opportunities. Florida also seeks to address specific state-level employment barriers with programs like a health license fee waiver for veterans and their spouses and provides a troops-to-teachers program that supports those pursuing a career in public school teaching. The DVA also provides employment outreach and training services to veterans and military spouses.

Florida provides housing and burial benefits for veterans. Veterans and surviving spouses may receive a property tax exemption of \$5,000. Additionally, the state helps manage VA-backed home loans for veterans seeking to become new homeowners. The state also helps manage the nine national veteran cemeteries.

The DVA manages six long-term veteran nursing homes. The homes maintain a 90 percent occupancy rate and provide 870 beds across the state.

Snapshot: Florida Department of Veterans Affairs

Year Established: 1988

Part of Another State Agency: No

Member of Governor's Cabinet: Yes

Leader Reports Directly to Governor: Yes

Leadership: A director and deputy directors

Departmental Areas of Responsibility: Benefits and claims assistance, employment, education, housing, veterans' homes

Budget and Finances: Florida's DVA budget has increased from \$108 million in 2015 to \$112 million in 2019. Much of the funding comes from state funds other than a general fund.

State Veteran Population: Florida is home to 1,533,306 veterans, 14 percent of whom are women veterans. Thirty percent of the veterans are 65 or older, 18 percent 18 to 34. About 1,139,765 of Florida's veterans are from wartime eras; 190,446 World War II veterans, 144,445 Korean War veterans, 496,526 Vietnam veterans, 173,469 Gulf War and post 9/11 veterans. Florida's veterans are racially diverse. About 1,285,858 of the 1,533,306 veterans are white. About 180,783 are black or African American, 136,497 are Hispanic or Latino, and 167,816 live in rural areas.

Enablers of Success

Political support and leadership. Florida's DVA dates back to the post-World War II period. However, over the past 10 years, Florida has re-energized its efforts to offer higher quality services to its veterans. Florida's aggressive push started with leadership from the governor. Working through the governor's office, the DVA was able to push for veteran-related legislation that elevated the scope and quality of veteran and military services offered. Much legislation was focused around educational benefits, such as giving priority course registration at state colleges and universities, college credit for military experience, and offering in-state tuition to anyone using the Post-9/11 GI Bill benefit. Some legislation improved services across issues like veteran employment and entrepreneurship programs.

This agenda has not only enhanced DVA's service delivery, but has also informed it. One official said, "I've learned a lot from those programs; sometimes I present, most of the time I listen and take copious notes and just look for opportunities. If we can do something without any money or change the direction of something...we're always learning" (Personal Communication, May 14, 2018).

Legislation and high-level state leadership also spawned a number of veteran-oriented policy councils and task forces. The Florida Defense Support Task force formed in 2011 under legislative mandate. From the beginning, the mission has been to preserve and protect military installations. Similarly, the Florida Defense Alliance (in operation since 1988) is a nonprofit partnership among the governor's office, Florida state officials, the Florida congressional delegation, state legislators, base commanders, community leaders, and business executives. These two bodies work separately and in tandem on a variety of mostly military-related issues, while also focusing on military families and spouses. They serve as examples of focus across the state on veteran and military family issues at the highest level. Both the governor and Legislature have accomplished much in partnership with the DVA to carry out veteran services. The DVA meets with the governor's office regularly to steer these initiatives and improve outreach to better deliver services to veterans. This investment in veterans at the highest level of Florida's state government plays a critical role in serving Florida's veterans.

Intergovernmental relations and partnerships. One of the Florida DVA's most effective attributes is the priority it places on intergovernmental relationships and cross-governmental service delivery. The two primary functions the DVA plays are veteran homes and benefits and service delivery across a number of categories. However, it also has a hand in delivering services to veterans through programs that other agencies run. In terms of veteran employment and homelessness, the DVA participates but is not the primary player. The state Department of Children and Families operates homelessness programs. The DVA provides expertise and service delivery support for homeless veterans, but the bulk of programs and benefits are delivered through Children and Families. Similarly, the Department of Economic Empowerment carries out employment initiatives serving veterans. Finally, with 30 percent of the state's veteran population 65 or older, there is significant effort to provide services for older veterans (outside of the veteran homes offered). Much of these services are delivered through the state's Department of Elder Affairs.

In all of these cases, DVA members sit on boards and committees that help inform the efforts of other state agencies as they serve veterans. One official said, "Institutional partnership is the best model because we do not have the benchmark to take on these projects. It would take us years and years of lost effort to get where we want to be. By that time we'd be two exec directors and a governor later, so let's build upon decades-old programs and relationships and work together" (Personal Communication, May 14, 2018).

The DVA also does an effective job of collaborating with federal government service delivery, with ongoing communication between relevant Department of Defense and VA staff and Florida's DVA. The DVA ensures it is not duplicating services the VA offers. For example, it is unusual that a state offers no cemetery benefits. But, with nine VA cemeteries throughout Florida, and no VA veteran homes, the state chose to put its resources where the VA did not.

This exemplifies a key enabler of success in how Florida's DVA smartly allocated its resources in collaboration with the VA. One state official said, "Also, by design, don't want to duplicate a federal benefit ... but we partner a great deal with the VHA" (Personal Communication, May 14, 2018).

Communications and outreach. The Florida DVA is innovative in its communications and outreach. A great deal of infrastructure has been invested in not only reaching veterans, but also reaching veterans who are typically difficult to communicate with. Florida exerts a lot of effort on social media to reach veterans with crucial information. The DVA communicates via Facebook, LinkedIn, Instagram, YouTube, and other mobile apps. Additionally, the DVA has partnered with PBS to air veteran-related programming in prime time. By running public service messages right before a show begins (e.g., a Ken Burns documentary), the DVA is able to reach a million households with limited spending.

Considerable effort is invested in nontraditional forms of outreach targeting hard-to-reach people such as rural veterans. One official said, "I'll look for nontraditional ways to do outreach. For example, I've gone to the 10 most-rural counties—figuring rural veterans are hardest to reach veterans—and put placards above gas tanks. Buy placards on top of all gas pumps at every Murphy's in these counties. Why? Veterans drive, and where are they going to go for gas? Wherever it is cheapest. Therefore, we put the placards there" (Personal Communication, May 14, 2018). Finding points of intersection between veteran's lives and government activity is also an opportunity for outreach. In another example, a government official detailed a program in which state benefits guides are made available with local tax collecting agencies and at the Department of Highway Safety and Motor Vehicles. "One new initiative—working with highway and safety motor vehicles; we now can give you a benefits guide at tax collectors and DMV. Dropping a benefit guide in DMV; that's partnering with another state agency."

Example Innovation

Florida DVA partnered with the Public Broadcasting Service (PBS) to produce and air public service announcements on Florida's nine PBS stations during veteran-related programming to raise awareness of FDVA and increase access to earned benefits and services through federal and state agencies. These announcements aired before and after seven military-related PBS documentaries from 2014 to 2015. For more information on this leading practice, see Chapter 3 Innovation Theme: Communications and Engagement.

Critical Analysis

Florida could improve in two major areas. First, the director has not been with the agency three or more years. Having continuity in leadership is critical for long-term planning and resource allocation. Second, the DVA's federal funding sources have declined more rapidly than is optimal in the past five years. Consistent financial stability from sources like the federal government can enable DVAs to be more innovative and visionary in their approach to serving veterans long into the future.



Michigan Veterans Affairs Agency

Overview

The Michigan Veterans Affairs Agency (MVAA) provides five functions of support to Michigan's veterans, providing assistance with employment, education and health care, and offering benefit counseling and long-term veterans' homes. While the agency is situated within the Department of Veterans and Military Affairs, the agency administers all direct veteran services. The agency was created March 20, 2013, through an executive order on the 10th anniversary of Operation Iraqi Freedom. The agency also aggregates veterans services from 14 state agencies and many community-based programs to coordinate a central access point to benefits and services.

MVAA Director James Redford was appointed by the governor in 2016. Redford was commissioned into the U.S. Navy Judge Advocate General student program and served five years on active duty. In 2007, Redford became a judge on the Navy and Marine Corps trial judiciary, serving as a commanding officer of the Navy reserve Trial Judiciary. He retired from the military in 2012 at the rank of captain. The agency's deputy director, Tim Loney, oversees its strategy, strategic communications and customer engagement, and targeted outreach and performance management divisions. Other functions of the agency have their own directors. The Michigan Veterans Trust Fund is directed by Lindell Holm; the Michigan Veteran Health System's CEO is Laurie McCullough-Benner.

The agency also administers the Michigan Veterans Coalition, which is an accreditation body that verifies veteran service officers across the state. The board is run by the MVAA and has representatives from major VSOs.

The MVAA offers expansive and comprehensive programs. The agency offers employment services and provides services to both veterans and employers. For veterans, the MVAA provides entrepreneurship support, job-seeking assistance, licensing and credentialing help, general transition assistance, and veteran-friendly employer recommendations. For employers, the agency offers guidance on becoming a veteran-friendly employer, connecting employers to veteran talent pools, and value arguments for hiring veterans.

The MVAA also provides educational programs and services for both veterans and educators involved in veteran education and recruitment. The agency provides academic support for student veterans at institutions of higher education in Michigan, helps family members seeking to use GI Bill benefits, and offers the Children of Veterans Tuition Grant. The MVAA runs a program that helps veteran get college or high school credit for their military training

and experience, provides fast-track programs, and other financial assistance for education. The agency also provides resources for schools looking to improve their veteran-friendly culture and recruiting.

The MVAA runs its own Michigan Veteran Health System. The system is available to all veterans, but they must apply and are accepted for coverage upon meeting eligibility requirements. This system provides coordinated networks of health care, and veterans have access to local benefits counselors who help them navigate programs. The MVAA offers wide benefits and claims assistance for veterans and their families. Veterans can receive benefits counseling for disability claims, home loans and emergency assistance. Michigan also administers a veteran's treatment court for veterans struggling with legal issues. The agency maintains two veterans' cemetery facilities and two veterans' homes providing long-term care.

Snapshot: Michigan Veterans Affairs Agency

Year Established: 2013

Part of Another State Agency: Yes, combined into Department of Military and Veterans Affairs

Member of Governor's Cabinet: Yes

Leader Reports Directly to Governor: Yes

Leadership: The department is led by a director and a deputy director with subsequent directors of specific programs.

Departmental Areas of Responsibility: Benefits and claims assistance, cemetery and memorial services, employment and training, education, veterans homes (long-term care)

Budget and Finances: Michigan's MVAA budget has grown from \$82 million in 2015 to \$93 million in 2019. The funding the state receives is split between general funds and federal fund transfers.

State Veteran Population: Michigan is home to 589,326 veterans, 7 percent of whom are women veterans. Fifty-two percent of the veterans are 65 or older, while only 7 percent are 18 to 34. About 436,457 of Michigan's veterans are from wartime eras: 19,988 World War II veterans, 48,466 Korean War veterans, 210,963 Vietnam veterans, 165,063 Gulf War and post 9/11 veterans. Michigan's veterans do not have a diverse racial makeup. About 508,415 of the 589,000 veterans are white. About 62,108 Michigan veterans are black or African American, 13,788 Hispanic or Latino. About 195,000 Michigan veterans live in rural areas.

Enablers of Success

Political support and leadership. The Michigan Veterans Affairs Agency (MVAA) originated with Executive Order 2013-2, signed by Gov. Rick Snyder in January 2013. The order stemmed from what Snyder deemed urgently needed improvements in how the state cared for its veteran and military-connected population. Snyder pointed to data from 2011 showing that the state ranked 50th of 50 in per-capita benefits compensation from the VA, with many veterans either unaware of or not using benefits for which they were eligible. Snyder said, “Michigan’s veterans earned and deserve the best possible support, and we need to make sure they can get it.” Snyder declared that “Michigan’s current service delivery model is not structured to provide coordinated, high-quality services to help veterans recognize and access [benefits and services],” and that “such high-quality services can be best provided if a single entity coordinates the many efforts the state of Michigan makes to serve this population.” The order established the MVAA to serve in this role, under the leadership of a director appointed by the governor and reporting directly to them. The MVAA would, according to the order, “serve as the coordinating office for all agencies of the executive branch of government that are responsible for programs related to veterans” and as part of its charge “review, investigate, evaluate, and assess all programs within the executive branch of government related to services and benefits for veterans” in areas ranging from “health care [and] education [to] employment assistance and quality of life.” The agency director would serve as chief advisor on veterans’ affairs to the governor and the state adjutant general, Michigan’s ranking military officer and head of MVAA’s parent organization, the Michigan Department of Military and Veterans Affairs.

The agency and its director have pursued these missions with a particular focus on care and service coordination, aiming to connect people, resources, and organizations across state government, local government, VSOs and other community-based veteran serving nonprofits, and partners at the VA. Snyder and the state legislature have cooperated on veterans-related legislation. As one example, in March 2018, Snyder signed HB 5536, a bill to stimulate further creation of county veterans service offices and provide grants through the MVAA for county-level veterans services operations, programs, and other activities.⁸⁹ Support from this bill and others provides needed resources to Michigan’s counties, which, similar to counties in a number of other states with a significantly county-centric model of benefits assistance, originate a large number of veterans’ claims for benefits such as VA disability compensation. New Gov. Gretchen Whitmer’s campaign agenda included a veterans’ plank putting further emphasis on benefits assistance and care, as well as on expanding employment and training opportunities and improving care at state veterans homes, after a state auditor’s report of abuse at the Grand Rapids Home for Veterans.^{90,91}

After resignation of its inaugural director, Jeff Barnes, in 2016, Snyder appointed James Redford director of MVAA. Working in conjunction with other leaders, Redford has addressed problems identified in the state auditor’s report. In 2018, MVAA reported that both of Michigan’s veterans homes—the home in Grand Rapids and the D.J. Jacobetti Home for Veterans in Marquette—earned perfect scores from a federal VA assessment showing each home met the VA’s 231 nursing and domiciliary care facility standards.⁹² Also in 2018, MVAA announced a 55 percent increase from 2013 in Michigan veterans’ utilization of VA compensation and pension benefits.⁹³

Intergovernmental relations and partnerships. Given its charge to be the central coordinator of veterans' services across Michigan, intergovernmental relations and partnerships are core to MVAA's mission. MVAA continues to encourage development and expansion of county veteran service offices and veterans programming at the county level, and operates broader initiatives to adjoin the efforts of service providers across government, nonprofits, and the private sector. Some of these initiatives are more targeted, featuring a greater degree of direct cooperation between MVAA and individual partners. A recent example—tracking nationwide trends in criminal justice reform and work on behalf of justice-involved veterans—involves a partnership among MVAA, the Michigan Department of Corrections (MDOC), and the VA to identify veterans in the state prison system and, provided they meet eligibility requirements, offer to move them to veteran housing units at a single facility (for men, Saginaw Correctional Facility; for women, Huron Valley Correctional Facility) so that they can be among peers and, importantly, so that the MVAA can better target assistance toward them. MVAA benefits officers aid incarcerated veterans in starting claims, and VA regional offices make arrangements with MDOC to transport veterans to VA medical centers for required benefits examinations. Provided their conditions make them benefits-eligible, MVAA will aid these veterans in completing and tracking claims, and MDOC will inform MVAA of their impending release. Thereafter, MVAA works with VA regional offices to ensure timely reinstatement of benefits upon an incarcerated veteran's re-entry into the community.

Beyond these individual partnerships, two community-based initiatives—the Michigan Veterans Resource Center (MVRC) and the Michigan Veterans Community Action Teams (VCATs)—are increasingly the centerpiece of MVAA's efforts to coordinate veterans' services statewide.

Launched in 2014, the MVRC aims to provide Michigan's veterans and their families with a single-stop source of information, resources, and referral assistance for veterans-related benefits and services throughout the state (whether from federal, state, or local government, VSOs, or other social and human services organizations). The center, located in Lansing, provides 24-hour support through its relationship with a 2-1-1 network, provides toll-free phone assistance, and works with veterans seeking in-person support. It does not limit its support based on a veteran's service record (e.g., nature of their discharge), and follows a "Michigan citizens first" approach to connect veterans with services in a way that minimizes barriers posed by eligibility requirements or resource scarcity. Consequently, MVRC will in some circumstances direct veterans to services offered to the broader state population rather than veteran-specific types of support, thereby filling gaps with veteran-specific programs and preserving these programs' limited resources.

Coupling this approach with around-the-clock engagement and availability, the MVRC has made a significant impact on the state veteran population, in its first year communicating with over 65,000 veterans and military family members, fulfilling document requests, making referrals, fielding after-hours calls, and connecting those it serves to numerous state resources. Based on this success, in 2016 VA Secretary Robert McDonald recognized the program with an Abraham Lincoln Pillar of Excellence award.

Related to the MVRC, Michigan's VCAT program promotes local coordination of public, private, and nonprofit providers working with veterans and their families. These partners

form coalitions supported by a technology platform called Podio—what one official called a “Facebook for service providers” (personal communication, July 10, 2018). Providers in a VCAT coalition enter an electronic database where they can share information with each other and make client referrals to one another’s organizations (what the official referred to as “crowd-sourced case management”). Such technology-enabled coordination of service delivery gives individual providers greater ability to connect veterans with programs and resources that meet their needs, thereby promoting a universal access approach that ensures veterans are continually supported throughout the service delivery process. Otherwise, they find themselves in a situation where they approach one provider, are told they need to go elsewhere, and must navigate the support system on their own. Each VCAT covers one of Michigan’s 10 Economic Prosperity Regions and is managed by a regional coordinator. The VCATs use the technology platform and periodic provider engagements involving the regional coordinator and individual providers to discuss needs, challenges, and means of further collaboration to serve their veteran and military family populations. Participating providers have reported significantly increases in the number of veterans with whom they have worked, as well as enhanced ability to deliver services and meet veterans’ needs more effectively. Based on its success, the VCAT program also received a Pillar of Excellence Award from Secretary McDonald in 2016.

Communications and Outreach: Since its inception, MVAA has made communications and outreach a strategic priority, evidenced by the inclusion of a director of strategic communications and customer engagement as well as a director of targeted outreach in the agency’s senior leadership team. These individuals direct MVAA’s communications, outreach, and community engagement activities, and report directly to the agency’s deputy director (its second-highest official).

The director of strategic communications and customer engagement also leads efforts to promote customer satisfaction with MVAA services and support. Like other leading state DVAs, MVAA has made a customer-centric approach central to its strategy and operations, including through commitments to measure and benchmark customer engagement, feedback, and service ratings. As stated in its 2018-2022 strategic plan, in implementing its universal access approach (especially through the MVRC and VCATs), “it is imperative [that MVAA] measure and rate its customer service.” These efforts fall under the MVAA’s strategic goal to provide excellent care and service (one of the five goals in that strategic plan) and are among the first action items the plan calls upon the department to implement. Indeed, while the plan called for other items to be implemented in out years—such as fiscal year 2020, 2021, or 2022—it directed customer service measurement and benchmarking to begin in fiscal year 2018 (October 1, 2017-September 30, 2018). Combined with ongoing efforts to connect with veterans through the MVRC, VCATs, and other service delivery initiatives, these efforts to implement the agency’s strategic priorities are central to its broader communications and outreach to Michigan’s veteran community.

Example Innovation

Michigan Veterans Affairs Community Action Teams (MiVCATS). Michigan’s Veteran Affairs Community Action Teams offer state- and community-based approaches to collaboration in delivering veterans care, services, and support. For more information on this leading practice, see Chapter 3 Innovation Theme: Community Collaboration.

Critical Analysis

Michigan can improve further in two major ways. First, the DVA is not a standalone agency. Combined with the state's military affairs agency, the department has to fight for internal resources and priority. Second, the state's special funding sources for the DVA have declined more than 10 percent a few instances in the past five years. This rapid decline in diversified resources risks budgetary shortfalls in the future.



Minnesota Department of Veterans Affairs

Overview

Minnesota's Department of Veteran Affairs (DVA) provides eight functions of support to Minnesota's military veterans. It provides navigation for veterans to easily find a veteran service officer who can help file claims requests; provides health care, employment; and education benefits; and offers miscellaneous benefits targeting homelessness, assistance for families, state grants, cemeteries and veteran homes. The department will also process military record requests.

The department is led by Commissioner Larry Shellito, who was appointed in January 2011. Shellito joined the Army in 1968 and served in Vietnam. He joined the Minnesota Army National Guard in 1973, serving for 37 years before retiring in 2010. He served as adjutant general of the Minnesota National Guard for seven years, notably creating Minnesota's Beyond Yellow Ribbon program to help transitioning service members reintegrate into civilian life. The commissioner's leadership team consists of a deputy commissioner of programs and services, a deputy commissioner of veterans' health care, and a chief of staff.

Minnesota's DVA has a wide range of employment and educational benefits. Minnesota has a state-level GI Bill that provides additional assistance to veterans and active duty personnel pursuing degrees of higher education. Surviving spouses and children are also eligible for educational assistance. The Beyond Yellow Ribbon program connects companies to transitioning service members looking for jobs. The state also provides on-the-job training and apprenticeships for veterans pursuing trades requiring specific training. Veterans may also receive preference in government hiring.

The DVA's health and disability programs include the county service officers who assist veterans filing and receiving claims for VA benefits. They provide veteran outreach, tribal veteran services, women veteran services, as well as dental and optical services.

Minnesota's DVA emphasizes addressing veteran homelessness. In partnership with Minnesota's Department of Human Services, and the Social Security Administration, the DVA offers homeless veterans expanded access to Social Security income and disability benefits in a program called SOAR. Additionally, Minnesota offers the Minnesota Homeless Veterans Registry, which connects veterans experiencing homelessness with housing and services in their community. This program also coordinates services to provide coordinated care for homeless veterans. Finally, Minnesota offers the Keys for Heroes program, connecting housing developers and landlords with other veteran homelessness programs.

Many of the services provided for veterans are also offered to families. General assistance like dental, financial, and education benefits are available to military spouses and family members. Additionally, the state offers a number of grant opportunities for communities. The SOT grant, funded through sale of Support our Troops license plates, finances programs designed to improve the lives of veterans and their families. Grants range from \$1,000 to \$100,000. The department also offers grants to county service offers and veteran service organizations.

The DVA operates six veteran homes, providing long-term care for elderly and disabled veterans. The homes serve on average 747 monthly residents. The DVA also operates and maintains two state veterans cemeteries. The state offers military funeral honors, grave markers, presidential certificates, gravesite locators, and a number of memorials.

Snapshot: Minnesota Department of Veterans Affairs

Year Established: 1943

Part of Another State Agency: No

Member of Governor's Cabinet: Yes

Leader Reports Directly to Governor: Yes

Leadership: The department is led by a commissioner and two deputies.

Departmental Areas of Responsibility: Benefits and claims assistance, employment, education, veteran homes, homelessness, health care, families, grants

Budget and Finances: Minnesota's DVA budget has shrunk from \$138,507,000 in 2015 to \$134,436,000 in 2019. Much of the funding comes from state funds other than a general fund with some money coming from the federal government.

State Veteran Population: Minnesota is home to 327,429 veterans, 7.1 percent of whom are women. Fifty-two percent of the veterans are 65 or older, 9 percent 18 to 34. About 75 percent of Minnesota's veterans are from wartime eras; 4.3 percent are World War II veterans, 8.9 percent Korean War veterans, 34.9 percent Vietnam veterans, 21 percent Gulf War and post 9/11 veterans. Minnesota's veterans are racially homogenous. About 306,468 of the 327,429 veterans are white. About 9,735 Minnesotan veterans are black or African American and 5,762 are Hispanic or Latino. A relatively large number (104,048) live in rural areas.

Enablers of Success

Political support and leadership. Support from state political leadership helps the MDVA pursue innovation in its programs and services for veterans and the military-connected community. Among other priorities in veterans' affairs over his eight-year tenure (2010-

2018), Gov. Mark Dayton emphasized veterans' education and employment. In the run-up to Veterans Day 2011—the first Veterans Day since his election—Dayton proposed expansions to the Minnesota GI bill, a nationally recognized state benefit created by the Minnesota Legislature in 2007 to provide financial support for post-9/11 veterans pursuing higher education.^{94,95} Dayton's proposal, subsequently passed in 2013, called for extending the benefit to include any veteran younger than 62 who served honorably, regardless of service era.⁹⁶

This policy was a part of Dayton's broader agenda to improve the veterans' employment situation in Minnesota. Dayton declared July a state Hire a Veteran Month, promoted the state Veterans Hiring Fair (first started in 2006), and advocated for further state GI bill benefits, coverage of apprenticeships, and on-the-job training as additional education options veterans may pursue with state support. The Minnesota Legislature worked with Dayton, MDVA, and other stakeholders on the previous state GI Bill expansion, affordable housing, support for justice-involved veterans, and funding for career promotion programs focused on sectors such as construction.

The Legislature recently expanded funding for the Helmets to Hardhats program, a nonprofit, career preparation program to place veterans in jobs in the construction industry. The current governor, Mark Walz, a former congressman who served as ranking member on the House Veterans Affairs Committee, emphasized employment in his One Minnesota Veterans Opportunity and Care Plan, focusing on programs such as Helmets to Hardhats, for which he would advocate additional resources. Walz's agenda calls for improvements at state veterans homes, greater funding for county veterans service officer (CVSOs), and increased collaboration among state, federal, and local government agencies, the private sector, and veteran-serving nonprofits.⁹⁷

Intergovernmental relations and partnerships. MDVA maintains relationships and partnerships with other state agencies and offices at the local and federal level, as well as with a wide network of veteran-serving nonprofits and businesses across Minnesota.

Minnesota is among the group of states with veterans' benefits advisors at both the state and county level. The state's CVSOs play the primary role in helping veterans access earned benefits and services. The Minnesota Association of CVSOs dates from the World War II era, and by law every county must employ a CVSO to assist with claims preparation, service referrals, and benefits navigation. As in other states with a strong county role in originating initial claims for veterans' benefits, one of the principal tasks MDVA (along with its county partners) faces is how to ensure an appropriate allocation of state versus county responsibilities and resources.

Use of technology to enhance collaboration and service delivery. To help CVSOs perform their missions, MDVA developed the Minnesota Discharge Access Database System (DADS), modeled after the Minnesota Office Marriage System (MOMS). MOMS—a joint project of the state, the Minnesota Association of County Officers (MACO), and county officials—creates a centralized, publicly accessible database of information on state marriage records. MOMS provides stronger search capabilities and allows counties and the public to more easily locate records that may be held in another county.

The DADS system similarly aggregates information in a centralized database, in this case veterans' DD-214 documents (discharge papers verifying military service and used to support benefits claims). DADS centralizes and digitizes documents provided by county recorders to help CVSOs search for service records veterans may not have on hand and that may otherwise exist solely in paper form across one of a variety of locations (including, in some cases, a different county than that of the CVSO where the veteran sought assistance). Accordingly, the system significantly expedites the process by which CVSOs can locate veterans' discharge papers, saving veterans' time and affording them access to benefits they would potentially be unable to obtain without possessing the records.

In addition to promoting state-to-county collaboration, the DADS system and improved claims preparation process also promote increased collaboration among the state, the county, and federal VA benefits offices. Since its introduction, DADS has warehoused over 500,000 individual records and been searched over 30,000 times, metrics that according to an MDVA official constitute "key measures of the system's success" (personal communication, July 19, 2018).

In addition to DADS, MDVA has harnessed technology to engage in broader collaboration among public, private, and nonprofit organizations to address challenges faced by Minnesota's veterans and transitioning service members. In 2014 MDVA launched the Minnesota Veterans Homeless Registry, an initiative building off the state's larger efforts to combat homelessness, to end veteran homelessness by 2015, the goal established by former VA Secretary Eric Shinseki.

The Veterans Registry initiative obtains releases from homeless veterans during point-in-time counts (periodic gathering of data on the size and nature of homeless populations in particular areas) to be entered into an electronic database. That information can be shared securely between MDVA and its partners at the state, federal, and local level to develop plans for each homeless veteran. These plans include a benefits screening, referrals to additional resources, and coordinated service delivery tailored to each individual. Among other actions, case management for registered homeless veterans may involve connecting them with a CVSO, grants from the Minnesota Assistance Council for Veterans, or federal benefits such as HUD-VASH grants from the federal VA and Department of Housing and Urban Development (HUD).

The Veterans Registry builds upon Minnesota's comprehensive strategy to end and prevent homelessness among both veterans and the state's civilian population, as initially established through a Mayor's Challenge among the mayors of Minneapolis-St. Paul; Des Moines, Iowa; and Columbus, Ohio. This strategy, called Heading Home Together, is led by the Minnesota Interagency Council on Homelessness, a group of 11 state government agencies, the governor's office, and the chair of the Metropolitan Council, a regional government organization addressing housing, transportation, and other economic and social needs in the Minneapolis-St. Paul area. Heading Home Together has been through three iterations since the Interagency Council's establishment—in 2013, 2016, and 2018.

The latest strategy, covering 2018 to 2020, represents a significant evolution from the first two versions in adopting a more community-centric approach combining effort across

government agencies as well as private and nonprofit organizations. The plan features the MDVA Homelessness Registry as a best practice and incorporates veterans into one of four major groups—along with youth, families, and the chronically homeless—for homelessness relief and prevention. The plan sets specific goals pertaining to veteran homelessness, including expanding the Veterans Registry to include veterans at risk of homelessness, expanding the MDVA’s role in homelessness efforts through increased involvement with community-based VSOs, and connecting veterans in programs run by the State Department of Employment and Economic Development to additional resources (with emphasis on Native American, women, and justice-involved veterans).

As in other leading states, the MDVA’s participation in this initiative showcases how incorporating DVA efforts and resources, including technology, into broader state strategies promotes collaboration and avoids developing individual plans or programs that may overlap with more comprehensive approaches or fail to harness synergies among public, private, and nonprofit stakeholders.

Communications and outreach. MDVA bases its communications and outreach on a multi-faceted approach combining information dissemination across many media platforms with numerous on-the-ground engagements and events throughout the year. MDVA also reaches out to other states to gather and share insights about how to design impactful programs and services.

One noteworthy aspect of the department’s communication efforts is its use of radio programming, specifically its harnessing of Minnesota Military Radio (MMR). Established in 2010, MMR broadcasts weekly programs through 45 affiliates across the state, focused on veterans, currently serving and transitioning service members, and military families. According to MDVA’s 2017 annual report, its personnel join MMR on a regular basis to “provide information on the programs and services [the department offers], discuss Veterans Homes and deliver updates on activity at MDVA.”

MDVA also makes extensive use of web-based communication and outreach tools. These include LinkVet, a publicly accessible web-based platform providing veterans a single-stop portal to access information and support about resources offered through MDVA and its partners. Through LinkVet, veterans and their families can access information about education, employment, health and disability, burials, and other benefits, email direct inquiries to MDVA support staff, and live chat with MDVA representatives seven days a week regarding questions. In 2017, LinkVet served over 7,000 individuals.

MDVA’s on-the-ground engagements continue to grow, complementing its other forms of outreach through department staff attending or hosting multiple meetings ceremonies, and other events on a monthly basis. Across leading states, officials report that this type of outreach is essential to reaching veterans and the military-connected community to raise their awareness of what DVAs offer veterans and the military-connected community. Officials stress that without reaching individuals in person—going where the veteran is—communications through radio, television, the web, social media, billboard advertisements, and other platforms will be of limited value. The MDVA’s continued use of a strategy combining media, digital, and person-to-person contact is essential to its success.

Finally, MDVA maintains relationships with numerous other state DVAs and adopts nationally recognized leading practices to support the veteran and military community. The department's SOAR (SSI/SSDI Outreach, Access, and Recovery) program offers a recent example. SOAR, a nationwide program that emerged from local pilot projects dating from the 1990s, promotes increased access to select Social Security benefits for individuals either homeless or at risk of homelessness and potentially struggling with additional, co-occurring challenges like mental illness or substance abuse. The MDVA program builds on the national SOAR model as well as a variant developed by the Washington State Department of Veterans Affairs. The MDVA adapted the national SOAR model and Washington's veteran-centric version to the Homeless Veterans Registry, enhancing its efficiency by more readily identifying veterans it can connect with SOAR benefits.

Example Innovation

DADS system. MDVA's DADS system is a technology-enabled records clearinghouse that represents an innovative approach to supporting claims development by making veterans' service documentation easier to locate and use for benefits claims. For more information on this leading practice, see Chapter 3 Innovation Theme: Use of Technology.

Critical Analysis

Minnesota could improve its functionality by holding its federal funding streams consistent. In the past five years, Minnesota has seen federal funding decrease more rapidly than is ideal. Having reliable, stable funding coming from the federal government helps equip DVAs with the necessary resources to meet the needs of their veteran population.



North Carolina Department of Military and Veterans Affairs

Overview

North Carolina's Department of Military and Veterans Affairs (DMVA) provides 10 programs support to North Carolina's military veterans. It is the central benefits and claims filing provider for federal VA benefits and offers employment, housing, educational assistance, direct relief to those suffering from the effects of Hurricane Florence, and services like veterans' license plates, women veteran programs, veterans' homes, cemeteries, and military record requests.

The department is led by Secretary Larry Hall, who formerly Durham County, North Carolina's 29th district in the U.S House of Representatives. Hall earned a J.D. from University of North Carolina School of Law. After graduation, he entered the Marines Corps as a commissioned officer, serving for 16 years. The department also has an assistant secretary, Martin Falls, a retired Army colonel who worked for the Army post-service.

The department plays a significant role in steering the Governor's Working Group on Veterans, which improves services for the state's veterans by focusing on job creation, workforce enrichment, health and wellness, legal and financial services, and benefits for veterans. Hall chairs the working group, which has vice chairs from the state's Division of Mental Health and Commerce as well as representatives from the federal VA. Two commissions advise the DMVA: the North Carolina State Veterans Affairs Commission and the North Carolina State Military Affairs Commission.

The department provides regional teams of professional claims counselors in 12 offices to help veterans submit claims to the federal Department of Veterans Affairs. These state service centers provide assistance in office or 24/7 online. The DMVA also provides a resource guide for veterans navigating the claims process online.

The DMVA provides employment and housing assistance to veterans. It offers a program called NC4ME, which educates business leaders on the value of hiring veterans and connects veterans to open jobs. The department runs a program called NC Works, offering in-person employment assistance with labor market information, job preparation, trainings, and job fairs. The DMVA provides a number of emergency housing locations to veterans experiencing homelessness or housing vulnerability.

In addition, the DMVA runs a number of miscellaneous services. The department operates four full-service state veterans' home facilities, providing 449 beds for long-term care. These

facilities employ over 750 people. The department also maintains four state veteran cemetery facilities for veterans and their families and provides scholarships for children of wartime veterans.

Snapshot: North Carolina Department of Military and Veterans Affairs

Year Established: 2015

Part of Another State Agency: Yes, A Joint Department of Military and Veterans Affairs

Member of Governor’s Cabinet: Yes

Leader Reports Directly to Governor: Yes

Leadership: The department is led by a secretary and an assistant secretary, with two advising commissions and a governor’s working group.

Departmental Areas of Responsibility: Benefits and claims assistance, cemetery and memorial services, employment, scholarships, housing; veterans homes (long-term care), women veterans, hurricane assistance, license plates, military records

Budget and Finances: North Carolina’s DMVA budget has grown from \$48 million in 2015 to \$60 million in 2019. Much of the funding comes from state funds other than a general fund.

State Veteran Population: North Carolina is home to 730,358 veterans, 11 percent of whom are women veterans. Forty-two percent of the veterans are 65 or older, 12 percent 18 to 34. About 568,751 of North Carolina’s veterans are from wartime eras: 14,839 World War II veterans, 41,475 Korean War veterans, 207,196 Vietnam veterans, 127,189 Gulf War and post 9/11 veterans. North Carolina’s veterans have a wide racial makeup. About 539,162 of the 730,000 veterans are white, 161,381 black or African American, and 27,481 Hispanic or Latino. A large number, 239,465, of veterans live in rural areas.

Enablers of Success

Political support and leadership. The DMVA originated in 2015 from a concerted effort by state stakeholders—including former Gov. Pat McCrory, lawmakers in the General Assembly, and others—to reverse a growing trend of transitioning service members leaving the state and to elevate the position of military and veterans affairs in state policymaking. Previously these activities fell under the purview of two departments, military affairs under the Department of Commerce, and veterans’ affairs under the Department of Administration. The newly created DMVA combined them into a single, cabinet-level agency. McCrory said this change would put the mission of serving North Carolina’s veteran and military-connected community on a stronger organizational footing and would ensure military and veterans affairs receive fuller attention from the governor and state lawmakers. As in other leading states, membership in the governor’s cabinet and opportunities for regular

interaction with the governor, their staff, and other state leaders are critical to sustaining support for new programs, securing funding, advancing policy agendas, and taking advantage of opportunities for collaboration with partners in different agencies. DMVA has been active in these areas—particularly in fostering collaboration—and continued support from state leaders will be essential to advancing these efforts.

Since its founding DMVA has also benefited from continuity of leadership at the department level. Cornell Wilson, a retired Marine Corps major general, served as the DMVA’s first secretary, through Gov. McCrory’s term. After his election in 2016, Gov. Roy Cooper appointed Larry Hall as secretary. An assistant secretary of veterans affairs oversees the department’s veterans’ portfolio and handles responsibilities comparable to the directors of stand-alone DVAs in other states.

Intergovernmental relations and partnerships. Effective intergovernmental relations and a network of partnerships are among the DMVA’s defining features.

Within one of its core functions, benefits and claims assistance, North Carolina is among those states that have both state and county veteran service officers (CVSOs). By statute, the state trains CVSOs, and both CVSOs and state benefits personnel can help veterans with claims. State-employed service officers work in one of 12 field offices, and the state operates an additional service office co-located with the VA regional center in Winston-Salem, an example of effective intergovernmental cooperation in benefits administration. By working in the VA’s regional office, state employees can more effectively monitor and track the status of individual claims, collaborate with VA officials on complex claims issues, and serve as an interface among veterans, county partners, and the VA in the claims process.

Inter-agency reform—“changing how state agencies coordinate with federal partners and the non-profits that support [veterans in] local communities”—was one of four pillars in the department’s original strategy. State and DMVA leaders addressed this need through the Governor’s Working Group, an inter-agency collaborative established under an executive order in 2014. Previous inter-agency veterans initiatives had focused on physical and mental health, and the executive order charged this new working group with expanding its scope into all areas in which the veteran interacts with the state and his or her community—listing employment, job training, licensure transferability, personal finance, homeownership, legal services, and recreation. The group brought together military and veterans affairs officials, the state Department of Health and Human Services, the employment and training division of the state Department of Commerce, representatives from the VA, and private-sector stakeholders to create several initiatives addressing the complex and frequently co-occurring needs of veterans.

North Carolina for Military Employment (NC4ME) is a public-private employer coalition to stress the value of veteran job seekers to employers, who are key to advancing the civilian life-course of transitioning service members but are not aware of the skills veterans developed while in uniform. The North Carolina Task Force to End Homelessness brought together the VA, state health and human services, and community members to find housing solutions for homeless veterans and coordinate mental health support. The working group also launched experiments in building community-based service delivery networks,

beginning in Charlotte and operating across the state. In each of these cases, the working group utilized the collaborative forum established by the governor’s executive order to share information, pool resources, and bring together organizations that otherwise could not foster cooperation on their own. This example illustrates how North Carolina aligns with other leading practice states in harnessing the support of the governor’s office and building innovative programs directly off the governor’s priorities and management agenda. Taking such an approach—rather than crafting solutions strictly at the agency level without meaningful engagement with political leaders—gives innovative programs the kind of enhanced credibility they may need to achieve buy-in from other stakeholders (e.g., other agencies, community organizations, and the private sector).

Communications and outreach. The North Carolina DMVA has been among the leaders of state military and veteran affairs departments in its communication and outreach. The DMVA embraced the principle that “veterans don’t always need services or programs, but they do need to know that their community cares” by simplifying the confusing universe of services. In accordance with arguments advanced by a number of researchers and practitioners working on veterans’ affairs issues across the United States, the DMVA sees effectively supporting the veteran community as less a matter of resources and more as one of coordination of organizations working better together with to use the resources at their disposal.

DMVA created NC4VETs, an initiative that integrates communications efforts across multiple platforms in a single, consolidated outreach effort. NC4VETs combines a website and call-in center with capability to answer veterans’ questions and refer them to service providers, and offers physical and digital copies of a comprehensive resource guide—a user-friendly manual detailing state veterans’ services by area of need and informing veterans on how to access services. DMVA placed tens of thousands of these guides throughout the state, focusing on locations heavily trafficked by veterans, such as VSOs, VA facilities, community centers, and college and university campuses with large numbers of student veterans. The DMVA has pursued this communications effort on a continuous improvement basis, tracking how many veterans access its website or call into the resource center and incorporating enhancements such as website functionality, allowing veterans to enter a ZIP code to see a map of available services in that area. DMVA gave service providers access to this resource, allowing them to input data about their organization, such as location, contact information, and available services.

The DMVA’s communications and engagement strategy reflects not just a veteran-centric thrust, but also a focus on outreach to both veterans and the service providers supporting them. And, importantly, DMVA continues to couple these digital efforts with grass-roots outreach by attending veteran-focused events, building personal relationships with partners at the federal, state, and local level, and maintaining a presence in communities.

Example Innovation

Vet Support Specialist Program. This program provides specialized support for veterans in North Carolina by offering veteran service officers who have successfully completed specialized training in veteran peer support, crisis management, and VA resource

navigation. This program is made possible through a partnership with Duke University who provides training and programming.

Critical Analysis

North Carolina could improve its political influence and priority by shifting the Director of the DVA to report directly to the Governor. Currently, the DVA director does not, which puts political buy-in and veteran priority at risk during future administrations. Having a direct line to the governor gives DVAs the platform to secure political support from the state's leading officials.



Ohio Department of Veterans Services

Overview

In 2008, the Ohio Legislature established the Ohio Department of Veterans Services (ODVS), the result of a 2006 study by the Institute for Defense Analyses (IDA) ranking Ohio 50th of 50 in per capita compensation the state's veterans received from the VA and recommendations from a panel of veteran service organizations. Gov. Ted Strickland organized in response to the study. The ODVS replaced the Governor's Office of Veterans Affairs and assumed its responsibilities for assisting Ohio's veterans and their families in accessing benefits and services. ODVS also oversees the state's two veterans' homes and serves as the state approving agency evaluating education programs for GI Bill benefits.

ODVS provides training and oversight to each of Ohio's 88 County Veteran Service Offices and Commissions, performs annual ceremonies honoring veterans and fallen service members, and works with the VA, other federal and state agencies, community partners, and lawmakers on programs and services for Ohio's veterans and military-connected community. ODVS focuses on women veterans, veteran suicide prevention, and employment and educational opportunities. It maintains a dedicated women veterans' coordinator and women veterans' advisory committee; promotes suicide prevention through a statewide web campaign; operates a workforce consulting team to consult with private-sector employers on hiring and retaining veterans; and has worked with the Legislature to streamline state occupational licensing and certification requirements and expand in-state tuition for veterans and their dependents.

Enablers of Success

Political support and leadership. Similar to departments of veterans affairs in other exemplar states, ODVS has benefited from strong leadership from the highest levels of state government. Such is evident in the department's founding. In response to clear evidence of lagging state performance, Gov. Strickland, state lawmakers, and stakeholders in Ohio's veterans' services community responded decisively. IDA released the results of its study ranking Ohio last among the 50 states in per capita VA compensation in December 2006. In May 2007, Strickland signed an executive order creating a Veterans Study Council to develop recommendations for a new state department of veterans services. This action provided the political momentum necessary to bring the idea of a new state department—a policy for which Ohio's VSO community had been advocating for several years without action from state officials—to fruition.

The study council was organized in four working groups focused on reviewing current services provided to Ohio's veterans and their families; identifying areas to expand or remove services based on veterans' expected needs; determining ways to better utilize available VA resources and more effectively communicate with the VA; and evaluating how other states structured their departments of veterans affairs.

Snapshot: Ohio Department of Veterans Services

Year Established: 2008

Part of Another State Agency: No

Member of Governor's Cabinet: Yes

Leader Reports Directly to Governor: Yes

Leadership: Director appointed by the governor, subject to the advice and consent of the State Senate, for a term of service coinciding with the appointing governor's term.

Areas of Responsibility: Benefits and claims assistance, cemetery and memorial services, communications and outreach, employment and training, higher education, housing and shelter, veterans homes (long-term care), women veterans services

Budget and Finances: ODVS received an appropriation of \$90,699,387 for Ohio's most recently completed fiscal year (7/1/17-6/30/18), a decline from the previous year (\$103,468,955) but shows stability in the most recent five-year window (with appropriations and expenditures of between \$85 and \$90 million in each of the fiscal years 2014, 2015, and 2016).

Population Served: Approximately 775,000 veterans live in Ohio. Most are male, white, 65 years or older, or wartime veterans. Over 74 percent of Ohio veterans (573,704) served during wartime eras. Over two-thirds of them served during the Vietnam War (262,668) or during the Gulf War (242,017). Ohio has a significant minority of veterans with service during the Korean War (57,621) and World War II (24,688). Ohio's veteran population is predominantly older. There are 64,464 veterans under 35, and 331,297 veterans are between the ages of 35 to 64. The largest concentration of veterans is 65 or older (379,174), 48.9 percent of all Ohio veterans. Ohio's veteran population is not significantly diverse. It has 678,130 white veterans, over 87 percent of the total population. Ohio has 78,709 black or African American veterans; 16,200 Hispanic or Latino veterans; 2,617 Asian Americans; 1,825 American Indian or Alaskan Natives; and 216 Native Hawaiian or Pacific Islanders. About 10,554 veterans are of two or more races; 2,888 veterans identify as some other race.

The order council was comprised of a cross-section of stakeholders involved in serving veterans in Ohio, including members of both the Ohio Senate and Ohio House of

Representatives, as well as representatives from veteran service organizations, the governor's office, the state adjutant general, other state agency partners, and county veteran service officers. The council included individuals representing diverse parts of the state veteran population, such as Jewish war veterans and women veterans. Efforts to achieve such broad representation contributed to consensus building and buy-in to the council's recommendations.

The council unanimously recommended the creation of a new department of veterans services. Critically, the council recommended the department be led by a cabinet-level director appointed by the governor with the advice and consent of the State Senate. The Legislature adopted this and other council recommendations in a bill Strickland signed in May 2008. The department's first director Strickland appointed Bill Hartnett, a Korean War veteran with experience as a teacher, school administrator, Chamber of Commerce leader, and representative in the state House of Representatives. Hartnett served for the duration of Strickland's term. After his election in 2011, Governor John Kasich appointed Air Force veteran and Vietnam POW Thomas Moe to succeed Hartnett. Moe served from 2011-2013, followed by Army veterans Timothy Gorrell (2013-2015) and Chip Tansill (2016-present).

Intergovernmental relations and partnerships. ODVS leadership has consistently stressed good intergovernmental relations and a network of partnerships that harness the expertise of other actors as critical to its success. As one ODVS official put it, "Our [state veterans] homes and county [veterans services] offices pre-date the creation of our agency by 120 years, and while we absorbed some [oversight] functions [of them], when it comes to policy and programs, we ask who are the partners [across government and the private sector] that already deal with these issues?" (personal communication, April 18, 2018).

In helping Ohio's veterans and their families access benefits and services, ODVS's chief partners are the state's county veteran services offices (CVSOs). Located in each of Ohio's 88 counties, the CVSOs perform the majority of the work involved in helping veterans assemble initial documents and information to support a claim for benefits. ODVS is responsible for oversight, training, and accreditation of the CVSOs, but the CVSOs are the principal actor providing benefits and claims assistance.

While CVSOs are active in over half the states, this arrangement makes Ohio among a small number that place support for initial claims development under almost exclusively local control. A local model empowers those closest to the veteran to provide services, but also demands careful attention to state-county relations that can become strained in the event of confusion or conflict over roles, responsibilities, or perceptions that one level does not seek a collaborative relationship with the other.

ODVS has taken several steps to promote effective state-to-county collaboration and leverage its resources to complement the efforts of counties. In 2011, ODVS placed a state liaison in the VA's Cleveland Regional Office. State representation in this office allows ODVS to monitor claims originated through CVSOs and work with the VA's reviewers and VSO advocates to resolve complex claims issues, with the intent of keeping CVSOs apprised of the status of claims they started. ODVS has also been a national leader in promoting access to information necessary to verify veterans' service records and support determinations of

benefits eligibility. In 2015, ODVS became the first state in the nation to obtain access to the Defense Personnel Records Information System (DPRIS) and receive permission to share this access with its CVSOs. DPRIS access eases the burden of gathering documents to support a claim for benefits and ensuring that claims are initially filed in fully developed form.

In addition to its government partners, ODVS has cultivated relationships with private-sector organizations throughout the state. Here, too, the state has adopted an effective empowerment strategy predicated on equipping others with valuable tools and resources. In veterans employment, ODVS created a workforce consulting team in 2016 to provide HR professionals at Ohio's military-friendly employers with cultural competency training and specific strategies for veteran hiring and retention. This initiative emphasizes direct personal engagement between the state and company HR personnel. Moreover, it makes the benefits of participation in the partnership tangible, through provision of continuing education credit that HR staff can use toward certifications with the Society for Human Resources Management. As with its partnerships and collaborations in other service areas, such as mental health and suicide prevention, this effort reflects ODVS's commitment to using its resources to amplify the impact of those serving veterans and their families.

Communications and outreach. In recent years, the department has embraced creative approaches to raising veterans' and military families' awareness of benefits and services available to them. As in other successful states, ODVS uses a multi-faceted outreach strategy that combines traditional forms of communication such as newsletters with social media and aggressive on-the-ground engagement. ODVS officials emphasize having a presence at not just ceremonies, memorials, and traditional veteran gatherings, but also at business roundtables, entrepreneurship events, and visits to individual companies.

In interviews, ODVS officials stressed the importance of reaching not just veterans and those who immediately serve them—such as other government agencies or companies and nonprofits—but what they refer to as the broader set of “veteran influencers” with whom veterans may interact on a day-to-day basis, to include extended family, friends, and co-workers. Officials indicate reaching these individuals has been important to suicide prevention, since those in veterans' immediate social network may be among those best positioned to detect early warning signs, particularly from veterans reluctant to ask for help. Accordingly, ODVS's suicide prevention campaign (called HelpOhioHeroes) takes a “whole-of-state” approach focused on sharing knowledge and information as widely as possible, and as one official put it “turning anyone who cares into a resource” (personal communication, April 18, 2018).

Example Innovation

ODVS Mobile App. Post-9/11 veterans have more services and resources available to them than any other set of veterans in U.S. history, but they are less likely to seek out these services through traditional means of visiting a government office or through mail and telephone advertising. ODVS sought to connect with these younger veterans in an innovative way, using the technology these veterans use, mobile apps. The app allows Ohio veterans to learn about federal and state benefits available to them, the application processes, and contact information for each of Ohio's county veteran services offices. The app has an “In

Crisis” link to the VA’s 24/7 crisis prevention line, enabling veterans to receive real-time care in dire situations. For more information on this leading practice, see Chapter 3
Innovation Theme: Use of Technology.

Critical Analysis

Ohio meets all eight of the criteria enabling DVA success. Continued stable funding and political support will be critical to maintaining the high level of services provided to veterans in Ohio. Additionally, with a strong intergovernmental and inter-sectoral network of providers serving veterans, the ODVS is well positioned to take on a larger role as a service coordinator and set up network of coordinated care for veterans across the state.



Tennessee Department of Veterans Services

Overview

The Tennessee General Assembly created Tennessee's Department of Veteran Services in 1945 to improve veteran care across the state for returning veterans. In 1959, TDVS became a staff division under state's executive branch. In 1975, it became a department under the executive. Over the following decades, the state legislature increased the department's mission to include managing veteran cemeteries, veterans' homes, and, most recently, county veteran service officers.⁹⁸

TDVS helps veterans access state education and business programs that help veterans pay for school or open their own business. TDVS's vision is to serve as an "effective and efficient conduit" between veterans and state resources so veterans can "improve their quality of life, access to education, business resources, and high-quality jobs."⁹⁹ TDVS also plays a critical role in helping veterans file benefit claims. In 2016, for example, TDVS helped veterans file 9,642 claims that provided veterans \$2.2 billion in federal aid.¹⁰⁰

TDVS administers a variety of services for state veterans. It operates four veterans cemeteries, with another cemetery opening soon. It manages 10 field offices around the state to serve veteran needs in 95 counties, runs quarterly training for department and county staffs to ensure state veterans receive consistent care, and works with the state to operate four veterans homes that provide nursing and rehabilitative care for veterans.¹⁰¹

Enablers of Success

Political support and leadership. Gov. Bill Haslam's efforts to implement customer-focused reforms in Tennessee state government served as an impetus for a widespread transformation at TDVS. While it remains focused on long-standing responsibilities in areas like benefits and claims assistance and cemeteries and memorials, in accordance with Haslam's agenda for improving the delivery of state services, TDVS began developing strategies to tackle the transition challenges facing veterans and their families.

Building on Haslam's statewide efforts to enhance government operations—evidenced in his appointment of the state's first chief operating officer and chief learning officer—in 2012 TDVS established a constituent services process and in 2014 a full-time constituent services representative to provide a single point of contact for veteran inquires about a wide

range of services. This function, according to TDVS, reduces challenges veterans experience navigating available benefits and provides the department with real-time feedback and insight regarding the needs of veterans and their families. Moreover, it promotes sustained partnership development and a collaborative culture; those fielding constituent inquiries must engage TDVS's state, federal, and community partners to achieve customer service resolution.

Snapshot: Tennessee Department of Veterans Services

Year Established: 1945

Part of Another State Agency: No

Member of Governor's Cabinet: Yes

Leader Reports Directly to the Governor: Yes

Leadership: Commissioner is appointed by the governor. Staff includes a deputy commissioner/COO, and four assistant commissioners (one manages external affairs while the other three serve as regional administrators).

Departmental Areas of Responsibility: Benefits and claims assistance, cemetery and memorial services, veteran homes, higher education

Budget and Finances: DVS has a budget of \$7,983,400 for fiscal year 2019. Nearly 80 percent of DVS's funding came from the General Fund (\$6,384,900). Other funding sources include federal funds (\$1,192,900), and other state funds (\$405,600). DVS funding increased between 2015 and 2019. General Fund allocations increased each year. Contributions from other state funds remained consistent until 2019 when it increased by over \$150,000. The federal funding trend resembles a bell curve: It increased between 2015 and 2017, remained consistent in 2018, but declined in 2019.

State Veteran Population: Tennessee's veteran population is 470,390. With 425,985 males, the veteran population is over 90 percent male. Female veterans total 44,405.

Over 77 percent of Tennessee's veterans (362,427) have wartime service. Thirty-seven percent (174,409) served during the Gulf War, 162,848 during the Vietnam War. A minority of veterans served during the Korean War (28,905) and World War II (10,749). Tennessee's veteran population is predominantly older. Over 90 percent are 35 and older. A majority (212,950) are 65 or older, 211,785 are 35 to 64, 45,655 are 18 to 34. Tennessee's veteran population is not significantly diverse. Over 82 percent (389,872) are white. It has 65,781 black or African Americans; 7,933 Hispanic or Latinos; 2,684 American Indian or Alaskan Natives; 2,136 Asians; and 561 Native Hawaiian or other Pacific Islanders; 7,943 veterans identify with two or more races, 1,414 as some other race.

This is one of the reforms TDVS has undertaken in accordance with the governor's statewide movement to improve the citizen customer experience with government. Additional examples range from establishing a Learning and Development Division that provides managerial, leadership development, and function-specific training (e.g., for state and county veteran service officers) to the creation of regional claims assistance and higher education coordinators who work directly with counties and the state's colleges and universities on access to benefits, veteran educational opportunities, and related issues.

TDVS Commissioner Many-Bears Grinder has served throughout the entirety of the Haslam administration (2011- present), a continuity of leadership critical to success in effecting significant organizational change. The TDVS commissioner is one of 23 commissioners in the governor's cabinet, allowing Grinder to participate in an initial series of top-to-bottom departmental reviews led by the state's COO and to have continued engagement with the governor's office in implementation of the broader citizen-oriented program.

Intergovernmental relations and partnerships. As one of 36 states with county veteran service officers (CVSOs)—who have secured over \$2 billion in annual VA compensation for Tennessee veterans—TDVS strategically linked elements of its transformation agenda to strengthening state-county collaboration. The department's Learning and Development Division provides a centralized source of training and accreditation for CVSOs across the state. Its regional claims assistance coordinators (called regional directors) provide more targeted support to groups of counties in particular areas. These regional representatives complement the Learning and Development Division through monthly training and on-demand technical assistance to CVSOs working day-to-day with veterans on claims preparation.

TDVS further aids counties in developing qualifications and evaluating job applicants for newly open CVSO positions. Through its partnership with the VA, in 2015 TDVS became one of 15 states to join in Digits-to-Digits, a joint venture between the VA and software vendor VetraSpec to facilitate electronic claims submission. With this technology, TDVS provided its CVSO partners an opportunity for faster submission of claims information to VA reviewers.

TDVS continues to build partnerships promoting access to education and work opportunities to address veterans' broader transition challenges. The department has focused on partnering with military installations on one hand and employers and higher education institutions on the other to extend its support to the point of service member separation and initial decisions about civilian employment and schooling—to complement its support in the areas of claims, appeals, cemeteries and memorials, and long-term care. As one official described the philosophy underlying the state's approach, "When we ask other states' [veterans affairs departments] how they are doing so well on things like education and employment, they say, 'We are joined at the hip with [the military], the higher education commission, and the economic development and labor departments.' We have not historically had that in Tennessee" (personal communication, April 9, 2018).

On working with military installations, for example, this official indicated that TDVS has historically only been engaged on activities such as ceremonies and memorials: “We aren’t typically invited unless they want a ceremony...they [have been] open to dialogue, and interested in jobs, but initially wanted to talk with the state economic and community development department” (personal communication, April 9, 2018). One potential reason for this, as a former military installation commander in the Tennessee area explained, is that “...we in the military [put a] tremendous amount of effort into transition without a lot of understanding of the coordination and linkage successful transition demands...it takes the installation, it takes employers, it takes the agency providing the funding, it takes the agency [delivering the services], all of that coordination needs to happen but that is lost on people” (personal communication, April 24, 2018).

To surmount this challenge, TDVS worked with the governor’s office, the state economic and workforce development agencies, and leadership of surrounding military installations to create an inter-agency taskforce with representation from each of these groups to augment existing installation-based transition programming. Still under consideration, the new program, called Bridge, involves a public-private partnership that envisions a state-financed job training facility run by a nonprofit, with contributions from private-sector employers who can recruit directly from a pool of career candidates made up of transitioning service members from area military bases.

In addition to bolstering its role in employment, training, and transition, TDVS has increased its role in state veterans education. In 2013, Haslam appointed Grinder to chair the Governor’s Veterans Education Task Force, making TDVS a central player in the efforts of state agencies and higher education institutions to recruit veterans to campus and ensure they complete their degrees. TDVS created statewide veteran education coordinators who serve as regional liaisons to faculty, staff, and other individuals and organizations working with veterans on campus. These positions ensure TDVS maintains a direct connection to the state’s nearly 100 higher education institutions, complementing state approving authorities and higher education commission officials by responding to demand from colleges and universities for more targeted support for veteran-facing programming. These efforts continue, with TDVS providing ongoing support to campuses and hosting statewide conferences like the 2017 Tennessee Veterans Education Academy, a multi-day event bringing together TDVS, its state agency and higher education partners, and subject matter experts from national organizations (e.g., Student Veterans of America) to share resources, insights, and best practices for promoting veterans’ success in educational endeavors.

Communications and outreach. Engagement with other stakeholders is among the most important ways through which TDVS has translated its organizational changes—its appointment of a constituent services representative, regional benefits and education coordinators, and deeper partnerships with military installations—into broader impact on veterans’ post-service success in employment and education, access to benefits and services, and other outcomes. The department used its communication and outreach efforts to connecting veterans with services and to gather data and evidence on their needs. In

2016, TDVS worked with a research firm and partners in the state labor and workforce development agencies, the City of Clarkesville, and a large nonprofit workforce development organization to survey veterans, their dependents, and employers about veterans' employment-related challenges. This effort—which included focus groups with smaller numbers of employers, veterans, and military-connected family members—revealed several shortcomings in transition support, veterans' preparation for job searching and interviewing, and related findings that TDVS and its partners used to modify their programs to provide better transition support.

Example Innovation

Tennessee Veterans Education Academy. This multi-day event convenes a number of key players including TD, other higher education partners, and subject matter experts from national organizations (e.g., Student Veterans of America). These organizations work with student veterans, helping them navigate resources, and providing best practices for being successful throughout the veteran's educational endeavors.

Critical Analysis

Tennessee meets all eight of the criteria enabling DVA success. Similar to Ohio, Tennessee will need to maintain its stable funding and political support to continue providing services at a high level. Additionally, Tennessee should also explore the option of becoming a service coordinating body and leading the charge in creating networks of coordinated care for Tennessee's military connected community.



Texas Veterans Commission

Overview

Formed in 1927 as the State Service Office, the Texas Veteran Commission (TVC) has a long tradition of serving state veterans and their families. Originally, it focused on federal and state veteran claims assistance. In 1947, the office became Veteran Affairs Commission, a state agency with regional offices and hospitals. During the 1970s, the Veteran Affairs Commission operated 14 regional offices and served over 1 million state veterans. It changed its name again in 1985 to become the Texas Veteran Commission.¹⁰²

Today, the Texas Veteran Commission employs nearly 400 people and provides multiple services. Its claims assistance helps veterans secure over \$1.5 billion dollars in aid annually.¹⁰³ It runs programs that address veteran health care, mental health, education, and employment. TVC also provides grants to VSOs, government agencies, and charities to help care for veterans and their dependents, and offers tailored programs for veteran entrepreneurs and women veterans.¹⁰⁴

Enablers of Success

Political support and leadership. The TVC remains a nationally recognized leader in state veterans' affairs. Dubbed the "Texas Model," the TVC approach integrates nine lines of effort ranging from benefits and claims assistance to employment, entrepreneurship, education, mental health, and women veterans' issues.

The state's current governor, Greg Abbott, featured veterans' issues in his first State of the State address in 2015, outlining proposals to exempt veteran businesses from select taxes and eligible veterans from state occupational licensing exams based on experience gained during military service. Abbott has also advocated for employer incentives for hiring veterans; expansions to mental health services; local public-private coordination in addressing veteran homelessness, substance abuse, and other challenges; and increases in the TVC budget to bolster the state's contribution to reducing the VA claims backlog. In its most recent session, the legislature passed law addressing veterans' legal issues, occupational licensing, greater flexibility in the TVC's training and provision of grant funds to county veteran service officers (CVSOs), and collaborative approaches to veteran suicide prevention.¹⁰⁵

The TVC enjoys continuity of leadership. Abbott appointed the current executive director, Thomas Palladino, and the appointed commission representatives have served since 2010. Others in TVC leadership bring significant experience, with a number having worked for a

decade or more across different staff positions. Such experience can be key to achieving buy-in and building support for organizational change, programmatic expansion, and challenging decisions regarding resource allocation, strategic priorities, and other issues.

Snapshot: Texas Veterans Commission

Year Established: 1927

Part of Another State Agency: No

Member of Governor's Cabinet: No

Leader Reports Directly to Governor: No

Leadership: Leadership is split between a commission chairman, appointed by the governor, and the executive director. The chairman serves a six-year term. Under the executive director, the TVC has a deputy director who oversees 16 program directors for the commission. The TVC utilizes four advisory committees dedicated to employment and training, funding for veterans' assistance, veteran communication, and veteran county service officers.

Departmental Areas of Responsibility: Benefits and claims assistance, employment and training, education, communications and outreach, health care and mental health care, women veterans services, and grants and funding.

Budget and Finances: The Texas Veterans Commission's budget has grown to a FY2019 total budget of \$41,907,870 from \$36,665,852 in 2015. Funding streams for the department are well diversified. \$13 million comes from the state's general fund, \$17 million comes from other state funds and \$11 million comes from federal funds.

State Veteran Population: Texas has 1,584,844 veterans. The majority of veterans (1,407,337) are male, while approximately 11 percent are female (177,507). A significant majority of Texas veterans have wartime service. Over 80 percent (1,270,369) served during wartime eras. Forty-five percent served during the Gulf War (715,834) while just under a third served during the Vietnam War (482,813). A minority served during the Korean War (88,765) and during World War II (35,977). Texas has a predominantly older veteran population. Over 87 percent are 35 and older. The highest concentration of veterans is between the ages of 35 and 64 with 757,334. Veterans 65 and older represent a significant minority of state veterans at 628,359. Texas has 199,152 veterans between the ages of 18 and 34. Texas's veteran population is not significantly diverse. With a population of 1,262,183, white veterans constitute over 79 percent of the population. It has 305,081 Hispanic or Latino veterans; 225,062 black or African American veterans; 13,810 Asian Americans; 8,589 American Indian or Alaskan Natives; 3,091 Native Hawaiian or Pacific Islander; 33,205 with two or more races; and 38,903 identifying as some other race.

Intergovernmental relations and partnerships. While noteworthy for its direct delivery model, TVC also bases its strategy on maintaining numerous partnerships with stakeholders across sectors and levels of government.

At the state and local level, TVC trains county veterans service officers and plays a leading role in the operation of the Texas Military Veteran Peer Network (MVPN)—a partnership arrangement bringing together TVC, the Texas Department of State Health Services, and local government mental health providers to establish a peer support program where volunteers connect veterans with mental health resources. TVC has contributed to MVPN through training local volunteer coordinators, conducting local site visits, and providing information and resources to enable effective volunteer management. Involvement in MVPN is just one example of TVC’s participation in state and local inter-agency partnerships. Others include participation in the Texas Coordinating Council for Veterans Services, an inter-agency body established by the Legislature in 2011 to promote coordination of resources across state agencies. This body includes over 20 state government entities working on education, employment, health, housing, justice and public safety, occupational licensing, rehabilitation, and transportation.

At the federal level, TVC has garnered national recognition in benefits and claims assistance for its State Strike Force Team, a unit authorized in 2009 by former Gov. Rick Perry to address Texas’s large backlog of benefits claims with the VA. The Strike Team deployed experienced state veterans benefits representatives to VA regional offices to work with VA benefits staff on resolving long-standing, complex claims (those pending a decision for more than 120 days). State leaders also authorized a Fully Developed Claims (FDC) team to aid in the initial preparation of claims that the VA could process more quickly.

This collaboration continues, and building on work with VA’s benefits arm, the Legislature passed a law in 2015 to facilitate coordination between TVC and VA’s health care arm. The law created the Healthcare Advocacy Program, a program that places regional TVC coordinators in VA medical facilities across the state to aid veterans in navigating the VA health care system, from eligibility determinations and assistance with appointments to matters regarding prescription drugs, billing, and overall system access. All of these programs have been recognized as leading practices in the state veterans services community, with each winning an Abraham Lincoln Pillar of Excellence Award for innovation from the VA secretary: the Strike Force and FDC in 2015, MVPN in 2017, and the Healthcare Advocacy Program in 2018.

Communications and outreach. In its communications and outreach program, TVC uses a number of mediums to raise veterans’ and military families’ awareness about benefits; engaging with other state, federal, and local partners; and disseminating information through multiple platforms and community outreach efforts. The program constitutes a shared service from which other programs and personnel both inside and outside TVC can benefit. TVC’s most recently completed strategic plan highlights effective communications and outreach as a key input into the achievement of its strategic goal to “assist veterans with receiving benefits,”¹⁰⁶ and identifies veterans, their families, and dependents as well as TVC and its service delivery partners as communications and outreach program customers. As the plan calls for an array communication platforms,¹⁰⁷ TVS uses televised public service

announcements about its services; social media campaigns; electronic newsletters distributed via its website and through email; print copies of comprehensive benefits resource guides for distribution to CVSOs, local military installations, and other organizations supporting veterans, transitioning service members, and their families; and numerous in-person engagements at community events throughout Texas.. To measure the success of its outreach to these groups, TVC tracks the number of guests at events, website visits, and social media activity, and evaluates the costs of communication by measuring trends like increases in claims filings or benefits dollars. Finally, TVC ensures that each member of its workforce—whether in communications and outreach or not—is schooled in communications and outreach through media and technology trainings, opportunities for on-the-job learning, exposure to outreach- and engagement-related jobs and roles, and other options for professional development.

Example Innovation

Veterans Health Care Advocacy Program. The Veterans Health Administration (VHA) is the largest integrated health system in the country, providing essential services to qualified veterans, their dependents, and survivors. While valuable, the VHA system can be challenging for individuals to navigate effectively. In 2015, TVC established the Veterans Health Care Advocacy Program to reduce the burdens associated with access and navigation of available services and supports, aid individuals in making informed choices about their care, and work with care providers and other professionals in VA hospitals and health facilities. TVC worked with two Veterans Integrated Service Networks to pair a TVC subject matter expert with a veteran or military-connected family member going through the VHA system and act as an advisor and advocate for that individual’s interest throughout the care process. The program involves close coordination between TVC and VHA personnel; helps veterans and their families navigate complex rules, procedures, and care processes; and sheds light on opportunities where care delivery can be improved.

Critical Analysis

Texas can improve its functionality by institutionalizing the connection between the TVC and the governor. While veterans are a priority for the current governor, the director of the TVC does not sit on the Governor’s cabinet or report directly to them. To ensure institutionalized priority, there should be a reporting line from the TVC director to the Governor, as well as position the TVC director on the Governor’s cabinet.



Virginia Department of Veterans Services

Overview

Leadership of Virginia's Department of Veteran Services (DVS), which is not a separate government department, consists of a commissioner, deputy commissioner, policy director, directors of its six program categories, and directors in charge of support functions such as human resources, finance and information. Organizationally, DVS is located in the state's Department of Veterans and Defense Affairs.

DVA Commissioner John Newby served as an aviator in Iraq with Air Force Special Operations, then worked as an attorney in private practice. He was appointed deputy commissioner in 2014 and became commissioner later that year.

The DVS operates 26 benefit services offices where veterans and dependents can receive free benefits and claims filing assistance. The Veterans Education Training and Employment program ensures that eligible veterans can pursue higher education, training/licensure/certification, and entrepreneurial training through GI Bill benefits. DVS operates both veteran cemeteries and long-term health care centers. Three cemetery facilities provide perpetual care and burial services for veterans and their families. Two care centers serve 440 veterans.

The DVS maintains war memorials, family support and veteran citizen boards. It is in charge of upkeep and administration around the Virginia War Memorial, including educational programming and memorial events. The Veteran and Family Support program provides behavioral health, rehabilitation services to veterans and their families, coordinated with the state departments of Mental Health, and Behavioral Health and Development. The DVS works with citizen boards that connect the government to veterans and administer services to those veterans

Enablers of Success

Political support and leadership. As one official put it, Gov. Terry McAuliffe, who served from 2014-2018, set the tone for DVS's innovation in recent years by stressing that he did "not want to find out we aren't doing something another state is doing that is amazing" (personal communication, April 20, 2018). Accordingly, this official explained, "DVS took up the mantle," with particular emphasis on combatting the state's veteran homelessness problems, promoting veteran employment through state-specific transition programming and business partnerships, and continued commitment to benefits access, long-term care, and cemeteries and memorials.

Snapshot: Virginia Department of Veterans Services

Year Established: 2003

Part of Another State Agency: Yes, Veterans and Defense Affairs

Member of Governor's Cabinet: No

Leader Reports Directly to Governor: No

Leadership: The commissioner reports to the undersecretary of veterans and military affairs, a member of the Governor's Cabinet.

Departmental Areas of Responsibility: Benefits and claims assistance, cemetery and memorial services, employment and training, higher education, housing and shelter, veterans homes (long-term care)

Budget and Finances: DVS budgets have grown over the last five years, from \$58 million to \$87 million. Much of the funding comes from state sources other than a general fund. Determining exactly how funds are allocated is difficult, since DVS is part of a larger department.

State Veteran Population: Virginia is home to 729,398 veterans, 11.25 percent of the adult population in the state, and almost 14 percent of those veterans are women; 21.36 percent of veterans are military retirees and 36 percent are 65 or older. About 592,141 of Virginia's veterans are from wartime eras: 14,496 World War II veterans, 34,795 Korean War veterans, 204,118 Vietnam War veterans, 374,078 Gulf War and post 9/11 veterans. Virginia veterans have a wide racial makeup. About 526,574 veterans are white, about 155,569 black or African American, and 38,980 Hispanic or Latino. About 165,612 veterans live in rural areas.

Early in his administration, McAuliffe made veteran housing and homelessness prevention a strong priority. After a statewide summit on veteran housing and homeless in 2013, McAuliffe directed the creation of a Coordinating Council on Homelessness with representation ranging from community-level stakeholders to state agencies and federal partners at the VA and departments of Housing and Urban Development and Labor.

In another example of how leading states have built on their governor's priorities to achieve political buy-in and develop strategies, this council built its state action plan on the governor's objective (mirroring that of the federal VA) to end veteran homelessness by 2015. The council then gathered local-level data on the extent of veteran homelessness in different parts of the state, identifying areas with the highest homelessness rates and

targeting resources accordingly. With support from the governor and other state leaders, cities with especially high homelessness rates joined the Mayors Challenge to End Veteran Homelessness, a federal inter-agency initiative launched in 2014 to promote enhanced state and local planning, strategies, and programs to address veteran homelessness problems at the state and community level.

The Mayors Challenge model invites states and communities to join a national consortium of state and city peers, federal partners, and importantly, technical assistance providers—researchers, policy analysts, and other subject matter experts—to support a formal planning and strategy formulation process to address complex problems like veteran homelessness. Moreover, the initiative promotes use of federal resources including HUD’s Veterans Affairs Supportive Housing and Supportive Services for Veteran Family funding, along with community provider grants under the federal VA’s Grant and Per Diem program. After four major Virginia major cities joined this initiative and the state continued its homelessness prevention efforts, in 2015 Virginia became the first state in the nation to achieve the VA’s functional definition of eliminating veteran homelessness.

McAuliffe appointed Newby as DVS Commissioner in 2014 and he continues to serve in this position in the administration of McAuliffe’s successor, Gov. Ralph Northam. Along with an experienced group of leaders overseeing the department’s six major divisions, this continuity of leadership will remain important for DVS as it continues to expand its programming and innovation—such as in employment and transition support.

Intergovernmental relations and partnerships. The DVS maintains a large number of partnerships with the federal government, other state government agencies, military installations, and community-based organizations and employers throughout the state. As a DVS official explained, the department’s view of its responsibilities and how it should be allocating its efforts relative to other stakeholders is inherently partnership-based: “It might not be us that *owns* it, but we *want* to *share* it” (personal communication, April 12, 2018).

DVS has used its partnerships with other actors in government to align pursuit of its core missions—such as benefits access and navigation—with efforts undertaken by public-sector partners tackling other facets of veteran health, wellness, and economic empowerment. In benefits access, for example, DVS operates 26 benefits offices throughout the state. While this model contrasts with states that rely more extensively on county veterans service officers, the DVS has worked with the VA to empower those in direct, day-to-day contact with veterans on benefits issues, providing its employees with training to expedite the claims process and work more efficiently and effectively with VA reviewers. In 2015, DVS developed an automated claims processing system that made Virginia the first state to transition to 100 percent electronic claims processing. DVS worked with the VA to ensure this system was compatible with the VA’s claims processing technology to minimize disruptions in the electronic handoff between the state and federal government. The system significantly reduces filing times compared to the paper-based claims with which DVS benefits representatives have typically worked. Moreover, through electronic submission the DVS system allows the VA to more quickly assign claims for review and provides a quality checking function to help DVS personnel identify errors that would otherwise result in the claim being returned for correction and cause time delays. The system also allows for e-

signature; more information sharing; enhanced status monitoring; and faster responses to questions about claims. These capabilities all aid in reducing claims filing and review time, greatly aid DVS benefits representatives in performing their work, promote enhanced coordination with federal partners, and improve the veteran customer experience.

DVS also collaborates with other agencies in state and local government, working with its inter-agency partners to address commonly co-occurring needs of Virginia's veteran and military-connected population. For example, while DVS is not a direct provider of mental health services, it maintains relationships with Virginia's Department of Behavioral Health and Developmental Services (BHDS) and, through this department, with the state's local behavioral and mental health boards. While these agencies do not exclusively serve the veteran community, a veteran or military family member may turn to them if they are not eligible for or cannot readily access mental health support from the VA. DVS has worked with BHDS and community mental health providers on military cultural competency training to ensure sufficient tailoring of services to veterans' and military-connected individuals' needs. Critically, it has also worked with community counselors and others in the state and local public mental health system to refer veterans to DVS resources when a veteran or military family member requires additional forms of support, such as benefits access or navigation to employment, education, or legal assistance.

This collaboration showcases how DVS harnesses partnerships to ensure alignment of its services with those of other organizations. The often multi-faceted nature of veterans' and military families' needs makes such alignment vital, as mental health-related issues may stem from or interact with other life challenges, such as unemployment or financial stress, in complex ways. Acting as a navigator and resource specialist to which on-the-ground partners, such as behavioral and mental health providers, can refer individuals who need assistance accessing other benefits, DVS promotes coordinated service to Virginia's veteran and military population. As a state behavioral and mental health official speaking on behalf of their colleagues put it, "We are very lucky in Virginia to have a resource in [the] DVS...it has been huge for boards because they have a go-to when they have a veteran who needs many things, whose life could be on the verge of being cut off, who can't pay rent or whose marriage about end...it's really helpful that the community board can focus on counseling and then state DVS and military and family support program can focus on resource navigation" (personal communication, June 20, 2018).

DVS's collaboration extends to employers too. As employment, transition, and business opportunities have remained significant priorities for the state's political leadership, including the current and most recent former governor, DVS continues to work with private, nonprofit, and educational organizations focused on vocational training, career preparation, and veteran recruiting and hiring. Importantly, the department's efforts include partnerships focused on supporting both veterans and the organizations that employ them.

Like other leading states, Virginia has made employers an important component of its efforts to promote veteran employment success, providing information, advice, and technical support to employers expressing a commitment to hiring veterans and transitioning service members. This effort is organized around one of DVS's flagship employer partner arrangements, Virginia Values Veterans (V3). Through the V3 program,

DVS created a network of state veteran friendly employers that are eligible to receive formal training on military cultural competency, skills translation, veteran-specific recruiting, hiring, and retention strategies, and related services from DVS. Companies can receive a formal certification as a veteran-friendly employer and financial rewards of up to \$10,000 in grants, including up to \$1,000 per eligible veteran hired. This money come from state general fund appropriations and donations to the Virginia Veterans Services Foundation, the philanthropic arm of DVS, and employers can participate at no cost. The program reinforces DVS's and its partners' efforts to deliver employment services to veterans and transitioning service members and is another example of how leading states have developed strategies that serve both veterans and other organizations serving the veteran community.

Communications and outreach. The department couples its outreach efforts to veterans with an accompanying strategy to reach peers in other state DVAs. This effort, led by a full-time policy and planning director, entails regular engagement with other DVAs to share insights, discuss common problems, and transfer program innovations and practices across state boundaries. Evidence of DVS's commitment to this effort lies in the number of states from which it has drawn lessons in recent years, among them Washington, California, Texas, Florida, and North Carolina. That the department maintains a full-time position for state-to-state learning and outreach activities speaks to the value it places on this type of engagement. As one DVS official put it, dedicating full-time resources to inter-state engagement extends the department's reach. In their words, "...a lot of states we have the best partnerships with are literally nowhere near Virginia. And, only a small number, perhaps even as low as a half-dozen states have this kind of engagement position...a lot of states just don't have this role" (personal communication, April 20, 2018).

Example Innovation

Housing development for veterans. Virginia's efforts to end veteran homelessness through public-private collaboration and adoption of national strategies to state conditions have garnered recognition across the country. In the Virginia Housing Development Initiative for Veterans, homelessness prevention coordinators within DVS work with other state and local stakeholders to create a facility for housing homeless veterans and connect them with resources to return them to economic security. For additional information on this innovation, see Chapter 3, "Innovative Practices in State Veterans Services."

Critical Analysis

Virginia can improve its functionality in three major ways. First, it can establish itself as a standalone agency. Being an independent agency will free up political priority and resources for the department to exercise freely to the benefit of Virginia's benefit. Second, the director of the DVS should report directly to the Governor. Third, the director should sit on the Governor's cabinet. These two opportunities will help the director secure political buy-in for innovative programs as well as build relationships for cross-governmental service delivery.



State of Washington Department of Veterans Affairs

Overview

The Washington Department of Veteran Affairs (WDVA) strives to make Washington “The Most Veteran-Friendly State.”¹⁰⁸ It aligns its services with five strategic goals: outreach and access; quality health services; education and employment; continuous improvement; and exceptional customer service. It created an outreach program that includes nonprofit and community partnerships, traditional media, and social media. As of 2015, it has memorandums of understanding with 25 federal, state, and local organizations to facilitate aid to veterans.

WDVA aids veterans with benefit claims, housing, and burial services. Washington offers veterans county-level assistance at each of its 39 counties. From 2015 to 2016, WDVA helped veterans receive \$2.6 billion in federal aid.¹⁰⁹ It provides long-term care for qualifying veterans or veteran spouses at one of its four state veteran homes. It also operates the State Veterans Cemetery, which provides burial options and services for veterans, and operates a behavioral health division providing veterans with counseling and other support services.¹¹⁰

WDVA has expanded its services in recent years. It offers specialized programs to address the needs of women veterans, homelessness veterans, incarcerated veterans, and veterans in the transition process. In 2014, it formed the Women Veteran Advisory Committee and hosts an annual conference for female veterans. Through its Homeless Veteran Reintegration Project, it created county-level programs that help veterans “obtain sustainable independent living.”¹¹¹ Incarcerated veterans have access to Veteran Courts and Veteran Pods, which provide tailored assistance with housing, job placement, and more after incarceration. And the department’s VetCorps program employs numerous veterans to mentor their student veteran peers and help them access resources on and off-campus at the state’s system of colleges, universities, and technical schools.¹¹²

Enablers of Success

Political support and leadership. Committed leadership continues to be a core source of growth in the scope and impact of WDVA’s efforts. Support extends from across the state’s elected leadership, including the governor and the state legislature, to the WDVA director, staff, and partners delivering services that continue to garner national recognition for innovation.

Snapshot: Washington Department of Veterans Affairs

Year Established: Unknown

Part of Another State Agency: No

Member of Governor's Cabinet: Yes

Leader Reports Directly to the Governor: Yes

Leadership: The governor appoints WDVA's director. WDVA's staff includes a deputy director, chief financial officer, communications director, assistant director of veteran services, human resources director, and chief information officer. Additionally, a 17-member Veterans Affairs Advisory Committee advises the governor and the WDVA. The governor appoints committee members to serve four-year terms.

Department Areas of Responsibility: **Benefits** and claims assistance, behavioral and mental health, higher education, employment and training, cemetery and memorial services, housing and homelessness, entrepreneurship

State Veteran Population: Washington's veteran population of 560,200 is over 89 percent male (503,322). There are 56,867 female veterans. Washington veterans served during each major conflict in recent history. Over 79 percent of state veterans (446,661) have wartime service. More than 39 percent (219,518) served during the Gulf War. A significant minority (195,361) served during the Vietnam War. Veterans from the Korean War and World War II constitute less than 10 percent of the population with 34,981 from the Korean War, 15,856 from World War II. Washington's veteran population is predominantly older. More than 89 percent are 35 and older. Veterans 35 to 64 represent 45.7 percent of the population at 255,307, while over 44 percent (248,243) are 65 and older. Just over 10 percent (56,650) are 18 to 34. Washington veterans are not substantially diverse. Over 85 percent (480,292) are white. It has 32,269 black or African Americans; 25,599 Hispanic or Latinos; 15,873 Asians; 5,928 American Indian or Alaskan Natives; 3,516 Native Hawaiian or other Pacific Islanders; 17,798 identifying as two or more races, and 4,524 identify by some other race.

After his election in November 2012, Gov. Jay Inslee's first executive order launched an effort to make Washington state government an example for the rest of the state's employers to follow in supporting veterans' transition to civilian life.¹¹³ The order directed state government agencies to target specific percentages of their annual contracts to veteran-owned businesses, as well as increase the number of veterans in their workforces through veteran employment plans. It created a Veteran Employee Resource Group, bringing together veteran employees from across agencies to inform agency approaches to recruiting, hiring, retention, and professional development opportunities.

Inslee's order also established the Washington Military Transition Council (WMTC), which has become a centerpiece of the state's public-private collaboration to support transitioning service members and their families. As in other states striving to improve service to their veterans, this council was aligned with Inslee's broader state government management agenda, Results Washington. WMTC has focused on supporting the governor's goals to improve veterans' employment and to promote state agencies' greater utilization of veteran-owned businesses in procurement and contracting. This effort demonstrates how leading state DVAs have harnessed the priorities of their political leaders to advance the life course of veterans, transitioning service members, and their families.

WDVA Director Lourdes E. "Alfie" Alverado-Ramos has worked in the department since 1993 and was elevated from deputy director to in 2013. During her tenure as director, Ramos has earned a national reputation for harnessing partnerships, grant funding, and adept relationship building efforts to advance WDVA's mission. She has promoted a culture of innovation among the WDVA workforce. As one WDVA official commented, "Creativity among staff starts with a good governor, a legislature that is supportive, and a director that recognizes they need to let people fly, fail, and try again. We don't require our people to be successful, but just to try things. We'll try anything provided we aren't breaking the law" (personal communication, June 18, 2018). Summing up how the department harnesses political leadership, this official said, "You need to have a good relationship with the governor, whether Republican or Democrat, and [help the] state legislature understand what the department does...you need to meet with every single senator and representative, and not talk to them like a general or a CEO. If, [for example], the legislator is a social worker, [you] need to talk to them like a social worker...you need to speak their language" (personal communication, June 18, 2018). This, the official claimed, "[enhances] transparency and creates reputational benefits, [which is important] because our reputation is probably our biggest asset" (personal communication, June 18, 2018).

Intergovernmental relations and partnerships. Partnerships constitute a fundamental component of WDVA's success. As a WDVA official argued, "We can't do it all, just like the federal VA cannot do it all. So we have all these relationships going, these networks that will help" (personal communication, June 11, 2018).

All 39 of Washington's counties include a county veterans service officer (CVSO), and WDVA has worked actively with counties to address challenges their veteran and military-connected populations face. The department's efforts to combat homelessness have included engagement in national efforts to bring multiple state, county, and city stakeholder teams together in strategic planning and technical assistance exercises supported by the VA and the Department of Health and Human Services. This engagement paid off when counties federal grants, such as HUD-Veterans Affairs Supportive Housing vouchers and Supportive Services for Veterans grants, and stimulated additional county-level efforts to hire additional veterans support specialists and create new programs focused on enhancing care coordination within and across county lines. As in other leading states, the WDVA devised solutions to empower counties by equipping them with additional resources and support—effectively complementing their efforts—rather than contributing to duplication, fragmentation, and lack of clarity over roles and responsibilities.

Additional state-county collaboration includes support for justice-involved veterans through arrangements such as veterans treatment courts and services for incarcerated veterans re-entering communities. In a partnership with King County, the WDVA offers prisoner reentry support that includes transitional housing and referral to health and employment services.

WDVA has undertaken major partnership initiatives with WestCare, a nonprofit social and human services organization active in over a dozen states and focused on challenging cases for veterans that include complex or co-occurring needs, substance abuse, and criminal histories. WestCare has provided additional support to the state for WDVA programs for justice-involved veterans, playing a role in the department's Incarcerated Veterans Initiative that couples WDVA with the state Department of Corrections to ensure eligible veterans receive information on benefits as they transition back to the community; the intent is to avoid a lapse in benefits provision, which may otherwise contribute to homelessness, unemployment, and other issues that raise the likelihood of recidivism. Through a grant from WestCare, WDVA supplemented this transition assistance with the construction of veteran pods for still-incarcerated veterans, providing veterans' access to their peers, opportunities to receive instruction on benefits eligibility and access, and other support to advance the transition process.

Communications and outreach. In a large state cutting across the urban-suburban-rural divide, the WDVA must be strategic in conducting communications and outreach. Rural outreach efforts are a case in point. Advisory committees informing department strategy and programming have typically convened in large urban areas, but under the department's leadership they have more been split up into smaller groups and travel to more rural regions. And while these representatives may serve on committees focused on particular components or demographics of the state veteran population (e.g., women veterans or post-9/11 veterans), they have tailored their rural engagement efforts to work more directly with providers than individual veterans. As a state official said, "In rural outreach, you don't want to talk to veterans, you want to talk to providers—to show what's in it for them because now they have someone they can call upon. As a result, maybe they'll stretch their buck a little more and extend their service a little more" (personal communication, June 18, 2018).

In addition to a provider-focused approach, in rural areas the WDVA has built on other states' models of recruiting volunteers to work with veterans. Copying a volunteer outreach program in Nevada, the WDVA has provided volunteers with introductory training on benefits availability and knowledge regarding the location, availability, and services offered by veterans' benefits advisors. These volunteers—living in rural communities—help veterans navigate available benefits and services, thus acting as a force multiplier for state personnel who cannot cover every rural or sparsely populated area.

WDVA remains one of the most nationally engaged DVAs. It has received the Abraham Lincoln Pillars of Excellence award, which the VA awards states for innovative practices, in each of the last four years, and its officials consistently attend the National Association of State Directors of Veterans Affairs, the national association of state DVA leaders. These meetings, according to an official, offer an opportunity to engage with leaders from across the country. They are a low-cost way to network and learn from leaders using a range of

approaches to work through common challenges (e.g., employment and transition, housing and homelessness, and suicide prevention). Such national engagement and outreach promotes sustained relationships with other states, raising the likelihood of knowledge sharing and adoption of innovative practices. This kind of inter-state engagement, as exemplified by the WDVA, is a hallmark of leading state DVAs nationwide.

Example Innovation

VetCorps. VetCorps is a partnership between the Washington State Department of Veterans Affairs and the Commission for National and Community Service to engage veterans in national civilian service (AmeriCorps) through making a positive impact on student veterans throughout Washington State college and university campuses. This program enables veterans to continue to serve their country by supporting student veterans as a peer mentor, applying a veterans-helping-veterans approach in which an experienced student veteran pairs with one or more new student veteran peers to help them navigate campus and community resources, succeed in the classroom, contribute to volunteering projects, and pursue career goals. In its first year, 1,386 VetCorps mentors and their peers completed over 850 service projects throughout the state, totaling over 324,000 total hours of service time. For additional information on this innovation, see Chapter 3, “Innovative Practices in State Veterans Services.”

Critical Analysis

Washington meets all eight of the criteria enabling DVA success. Similar to Ohio and Tennessee, Washington must maintain its stable funding and political support in order to continue providing quality services to their veterans. Further, Washington’s DVA should explore the option of taking on a bigger role in the service coordination activities already happening in the state. With connections to the community, and to federal funding sources, the DVA is well positioned to take a leading role in providing coordinated care to their veterans.

Chapter Summary

Ten in-depth case highlights of state veteran agencies reveal both a high degree of organizational and contextual diversity as well as some common drivers of success. Identified success drivers typically fell into one of three categories: Political Support and Leadership, Intergovernmental Relations and Partnerships, and Communications and Outreach. Having support from the Governor’s office consistently set states up for success, serving as a facilitator of cross-governmental initiatives and providing the platform for state veteran agencies to engage with state legislatures and improve law. Additionally, DVAs rely heavily on other government agencies and nonprofits to help deliver services. States that do this well worked with partners by sitting on steering committees or being a part of cross-functional teams set on solving specific problems. States that succeeded with Communications and Outreach consolidated their messaging and marketing campaigns under unified umbrellas. They also broadened their audiences to include not only veterans, but the veteran’s “social network,” those who interact with veterans in casual occurrences to help improve awareness of services and even signs of crisis.

Chapter 5

Charting a Path to Enhanced State Impact in Veterans Services

State Departments of Veterans Affairs (DVAs) contribute significantly to the national effort to serve America’s veterans and military families. Dating as far back as before World War II, these organizations continue to serve and advocate on behalf of all their respective states’ veterans, providing resources and support without regard for age, gender, or character of service. In accordance with their long-standing responsibilities, DVAs continue to play a key role in assisting veterans and their families’ access to earned benefits and services, as well as providing long-term care and burials at state veterans homes and cemeteries.

Moreover, DVAs are increasingly working to address the broader, often co-occurring health and social needs of veterans during and after the transition to civilian life. Through this landscape study, it is clear that many DVAs strive to promote veteran employment and expand educational opportunities; work to tackle challenges like homelessness, mental health, and substance abuse; support the development of new supportive services like veterans treatment courts; and join state and local service delivery networks that provide coordinated care where the transition process happens—in the communities where veterans live, work, and seek continued meaning and purpose in civilian life.

Service delivery advancements within states have been significant in recent years. Yet, opportunity remains for states to pursue new innovations, adopt good ideas or leading practices across state lines, and enhance engagement with stakeholders across the public and private spheres at all levels.

This final chapter summarizes a nine-point agenda providing DVAs a path to even greater reach and impact on those they serve. The agenda reflects lessons drawn from across our assessment of the DVA landscape—the ways and means by which DVAs are organized, resourced, and positioned within their state’s system of veterans services and support—along with insights from our survey of DVA leaders and in-depth analysis of leading DVAs’ core attributes, enablers of success, and innovative practices. While every DVA must tailor its approach to the circumstances of its state and its veteran community, we believe that this agenda has the potential to significantly enhance each DVA’s impacts and performance.

A Nine-Point Agenda for Enhanced State Impact

1. Stable and Effective Leadership

The totality of our assessment clearly illustrates the importance of stable, effective leadership to a highly effective DVA. Indeed, this is the most common characteristic of leading state DVAs nationwide. While individual leaders at exemplar state DVAs come from different backgrounds, bring different experiences to the director’s role, and may have different visions for the purposes and missions of their agencies, the common denominator

is that each of these DVAs benefits from continuity of leadership committed to serving veterans and their families. Regardless of their situation—an independent veterans affairs agency, a department of military and veterans affairs, or a veterans affairs division operated under a broader organization overseen by another civilian official or the state’s adjutant general—the most effective DVAs across the nation have benefited significantly from stability and continuity in the director’s position. Often, this has meant a director serving for the entirety of their respective governor’s term in office, and in some cases carrying over to another governor’s term. As in organizations of all kinds, such stability and tenure build trust and promote shared commitment to the mission in the DVA workforce.

2. Clear Understanding of Veterans’ and Military-Connected Community Members’ Needs

Leading DVAs make understanding the needs of their veteran and military-connected community a top priority and base their decisions about how to allocate scarce resources, run programs, and conduct their operations on this understanding. Across the country, exemplar DVAs know who they serve and tailor services and solutions based on the ages, genders, and service eras of their veterans, as well as where their veterans live—whether predominantly urban, rural, or a broad mix. In certain states, efforts to align veteran populations with services and resources has involved a formal needs assessment. Typically, this is a commissioned study gathering state and local information and insights from engagements such as interviews and focus groups with service providers and veterans to understand who they are, their challenges, and what they need to succeed and thrive. These studies may be focused on the entirety of the state’s veteran population or on sub-populations such as particular demographic groups (e.g., post-9/11 veterans) or specific locations (e.g., individual regions or cities within the state). Leading DVAs have conducted them to enhance effective delivery of services matched to the greatest needs of the veterans and military community members in their states.

3. Improved Inter-Sector/Agency Collaboration and Community Coordination

Top DVAs across the country used their unique position to become statewide care coordinators that drive service delivery across networks of providers. Playing this role improves service delivery and takes advantage of the leadership potential of DVAs within states. Being connected to both federal funding streams and community-level service delivery, state veteran agencies are well positioned to help coordinate services and improve the service navigation experience for veterans. The degree to which states act as a body of coordinating care may vary depending on the state. Some states may be better served leading state level inter-agency collaboration for veteran services. Other states may be effective and resourced well-enough to be the leader in establishing networks of care coordination under the collective impact model. Wherever a state falls on this spectrum, increased care and policy coordination leads to improved service delivery for veterans and a more efficient use of public resources.

4. Engagement with the Governor, State Legislature, and Other Policymakers

Leading DVAs are actively engaged in the policy process, working with both the governor’s office and the state legislature to advance policies improving their state’s military and veteran communities. This engagement depends on the DVA director reporting directly to the governor and being a member of the governor’s cabinet. Such a position gives DVA leadership enhanced credibility and opportunity for influence with the state’s senior political

leadership. In the executive branch, this means greater opportunity to inform the governor's veterans affairs agenda and to position the DVA's strategy alongside the governor's broader priorities for state governance—whether enhanced customer service, efficiency and implementation of best business practices, or other management innovations and reforms. On the legislative side, this means opportunities to build relationships with key state lawmakers, including heads of committees with oversight responsibilities for the DVA. Combined, such engagement gives the DVA greater visibility and recognition among senior state leaders and affords it opportunities to play a leading role in statewide veterans and military affairs initiatives.

5. Adequate, Predictable, Diversified Funding

While DVAs continue to operate in resource-constrained environments, those leading the nation in performance and innovation continue to benefit from adequate, predictable funding rather than having to work through significant variability. Large, unexpected declines in their appropriations from the state general fund or funds dedicated to specific activities, such as operating the state's veterans homes, are harmful. Moreover, leading states continue to explore additional financing mechanisms, such as state veterans' trust funds, individual donations, and funding from philanthropic organizations.

6. Logical Allocation of Roles, Missions, and Responsibilities with Other State and Local Stakeholders

Leading DVAs are not alone in their efforts to support their state's veteran and military-connected communities. Mirroring the nationwide ecosystem of veterans support, individual states feature an array of public, private, and nonprofit organizations striving to support veterans and their families. These organizations range from state and local government agencies, to community-based human and social services organizations, to employers and other members of the business community. To maximize their impact within their resource constraints, leading DVAs have mapped the contributions of their partners, identifying areas where the DVA can make the most value-added contribution and, where necessary, support rather than duplicate or attempt to take over roles and responsibilities better performed by others. In most leading states, the DVA leadership views its mission as one of coordinating effort rather than attempting to be the single source of support to veterans. This has meant empowering actors such as county veteran service officers (CVSOs), the key local actors who are often the first point of contact with individual veterans and the primary source of information and support for veterans seeking to access benefits. Leading DVAs provide their CVSOs with training, information on how to make referrals to other service providers, and initiatives—for example, technology projects to centralize veterans benefits records in a single database or efforts to establish agreements with the VA or other federal stakeholders to access their data—that help all local actors ensure veterans receive timely, effective support.

7. Revised, Long-Term Strategic Plan with Specific Performance Goals, Objectives, and Implementation Actions

Leading DVAs dedicate resources to regular strategic planning that informs their decisions about resources, responsibilities, comparison of past and current performance, and collaboration with other stakeholders. While no plan is perfect—the future is never fully predictable, and moreover, some plans could incorporate more targeted goals, measurable

indicators of progress, and clear specification of who will be responsible for what—exemplar DVAs are committed to continually improving their planning efforts. These efforts make DVAs more purposeful in their support of veterans and the military community.

8. Communications and Outreach Tailored to the Needs and Circumstances of the Full Set of Agency Stakeholders

Leading DVAs tailor their communications and outreach—a core function of all DVAs—through a broad range of media and messaging. Exemplar DVAs make person-to-person engagement among their highest priorities, understanding there is no substitute for in-person engagement. These DVAs go to great lengths to stay apprised of events that bring veterans together—from employment affairs to benefits workshops to ceremonies of numerous kinds—and ensure they have a presence. In so doing, they report being able to more effectively engage with veterans, educate them about benefits, initiate the claims process for veterans otherwise leaving benefits on the table, and point them toward additional services and support. They couple this engagement with outreach through a broad swath of communications platforms, including their websites, television, radio, social media, and advertisements placed in areas veterans commonly frequent, such as VSOs, libraries, business establishments, and health care facilities.

9. National Engagement

Leading DVAs are nationally engaged and deem engagement with peers in the DVA community among the most important enablers of innovation, learning, and continued improvement. Such engagement stems from numerous efforts, including through employing policy planning and outreach professionals focused on maintaining relationships and continuously monitoring new developments and practices from other DVAs. In addition, exemplar DVAs make every effort to attend meetings of the state DVA community, most often with directors attending national events to engage with their peers. Directors, their staffs, and other state veteran stakeholders argue this kind of engagement is fundamental to their success, and that by-passing it is a significant—and often entirely avoidable—missed opportunity to learn, network, and take away specific, immediately actionable lessons for improvement.

Endnotes

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- ³ Personal communication with authors, April 26, 2018.
- ⁴ Personal communication with authors, April 27, 2018; personal communication with authors, June 12, 2018.
- ⁵ Personal communication with authors, April 23, 2018; personal communication with authors, June 20, 2018.
- ⁶ Personal communication with authors, June 11, 2018.
- ⁷ Personal communication with authors, April 12, 2018
- ⁸ For states where only biennium data was available, like Oregon, their two-year DVA budgets were divided in half to get estimates for each year in the biennium. This pertains also to North Dakota, Washington, Wisconsin, and Wyoming.
- ⁹ There are three smaller states where only DMVA or affiliated department budget data is available, as opposed to specific DVA data: Alaska, Maine, and Utah. Alaska and Maine both have large rural veteran populations. These figures could include both National Guard and Reserve (for Alaska) and Emergency Management spending (Maine), thus potentially skewing the total funds oriented towards NG/R.
- ¹⁰ A DVA official from Washington said states need to approach engagement with rural veterans in a different manner, noting “In rural outreach, you don’t want to talk to veterans, you want to talk to providers, show what’s in it for them because now they have someone they can call upon.” Personal communication with authors, June 11, 2018.
- ¹¹ Missouri Veterans Commission. (2017). *Annual Report FY 2016-2017*. Jefferson City, MO: Missouri Department of Public Safety. Retrieved at <https://mvc.dps.mo.gov/docs/commission/2017-annual-report.pdf>.
- ¹² While these states reported significant resource allocations from the federal government, not every state fully reports (or reports at all) its federal funding, in aggregate or on a more detailed basis. These states may receive it to supplement their state funding, and thus it may not be presented in the governor’s proposed budgets or the enacted legislation for a given state. Federal funding may also not flow to DVAs until later in the year, which could create significant accounting issues if not reflected in the DVA budget for a given fiscal year. Minnesota’s Department of Veterans Affairs’ 2017 Annual Report does an excellent job at breaking down all sources of income, including federal funding, into categories within financial visuals. See Minnesota Department of Veterans Affairs. (2017). *Committed to Every One: 2017 Annual Report*. St. Paul, MN: Minnesota Department of Veterans Affairs. Retrieved at https://mn.gov/mdva/assets/2017-mdva-annual-report-accessible_tcm1066-327252.pdf.
- ¹³ Personal communication with authors, June 11, 2018.
- ¹⁴ Fiscal year 2019 budget allocation figures reported are projections for many state legislatures, but many have not enacted state budgets at the time of publication of this report.
- ¹⁵ Multiple DVAs expanded their program and service offerings from fiscal year 2017 to fiscal year 2018 per their annual reports, including Maryland, Texas, and Rhode Island. States like Arizona, Florida, and Rhode Island used additional funding toward their veteran homes system for improvements and increasing the quality of care delivered to resident veterans. For excellent examples of annual reports, see Rhode Island Office of Veterans Affairs. (2017). *Annual Report 2017*. Providence, RI: Rhode Island Office of Veterans Affairs (2017, January). *Annual Report 2017*. Annapolis, MD: Maryland Department of Veterans Affairs. Retrieved at <http://veterans.maryland.gov/wp-content/uploads/sites/2/2017/01/2017-Annual-Report-FINAL.pdf>.
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Index of States Cited

Alabama	Chapter 1 “Well-resourced for veteran population”, Chapter 3 “AlaVetNet”
Alaska	Chapter 1 “Being a member of the governor’s cabinet”, Chapter 2 “Transportation challenges”, Chapter 3 “Alaska’s tribal health agreement best practice”, Chapter 4 State Case study
Arizona	Chapter 1 “Military retirement income tax deduction”, Chapter 3 “Claims backlog crisis”
Arkansas	Chapter 1 “Budget has dropped”
California	Chapter 1 “Target minority veterans for services”, Chapter 2 “Second largest budget”, Chapter 3 “Habitat for Heroes Enriched Neighborhoods Best Practice”
Colorado	Chapter 1 “Budget under \$4 million”
Connecticut	Chapter 2 “Comparatively smaller veteran population”
Delaware	Chapter 1 “DVA is under jurisdiction of department of state”
Florida	Chapter 1 “Large budget and population”, Chapter 2 “Regarded as an innovative practice leader”, Chapter 3 “Florida DVA and Florida PBS Awareness Campaign Best Practice”, Chapter 4 Case study
Georgia	Chapter 1 “Unusual reporting hierarchy”, Chapter 2 “Veterans homes under direct authority of DVA”
Hawaii	Chapter 1 “DVA falls under Department of Public Safety”
Idaho	Chapter 3 “Pursued an agreement similar to Alaska’s tribal health agreement” and “Multi-media memorial monuments program”
Illinois	Chapter 3 “Joining Forces Initiative”
Indiana	Chapter 1 “Programs for specific constituencies”
Iowa	Chapter 1 “Commission on veterans affairs”
Kansas	Not cited
Kentucky	Chapter 1 “Led by adjutant general”
Louisiana	Not cited
Maine	Chapter 2 “Second highest spending per veteran”, Chapter 3 “User-Focused Website Upgrade Best Practice”
Maryland	Chapter 2 “Adopted Alaska’s best practice”
Massachusetts	Chapter 1 “Collaboration with Mass Housing”, Chapter 3 “Statewide Advocacy for Veteran Empowerment Best Practice”
Michigan	Chapter 1 “Interagency homeless program”, Chapter 3 “Veterans Community Action Team”, Chapter 4 Case Study
Minnesota	Chapter 1 “Expansive veterans homes network”, Chapter 2 “Leader in Benefits and claims assistance”, Chapter 3 “Discharge Access Database System Best Practice”, Chapter 4 Case Study
Mississippi	Chapter 1 “Unusual reporting hierarchy” and “housing loans”
Missouri	Chapter 1 “Large veteran’s homes network”

Montana	Chapter 3 “Adopted best practice from Alaska”
Nebraska	Chapter 1 “Requires 100% disability for veteran property tax exemption”
Nevada	Chapter 3 “Green Zone Network”
New Hampshire	Chapter 1 “Budget”
New Jersey	N/A
New Mexico	Chapter 1 “Programs targeted for specific constituencies”, Chapter 3 “Adopted Alaska’s best practice”
New York	Chapter 3 “Developed a mobile app”, Epilogue
North Carolina	Chapter 1 “Large budget and veteran population”, Chapter 3 “Veteran homeless registry”, Chapter 4 Case Study
North Dakota	Chapter 1 “Budget growth”
Ohio	Chapter 1 “Funded primarily through general funds”, Chapter 3 “ODVS Mobile App Best Practice”, Chapter 4 Case Study
Oklahoma	Chapter 1 “Independent agency”
Oregon	Chapter 1 “Largest budget”, Chapter 3 “Innovative practice leader”
Pennsylvania	Chapter 1 “Large budget for size of veteran population”
Rhode Island	Endnotes
South Carolina	Chapter 1 “Small budget for size of population”
South Dakota	Chapter 2 “Pillar of excellence award winning program”, Chapter 3 “Operation Reaching All Veterans Best Practice”
Tennessee	Chapter 2 “Assistant commissioners”, Chapter 4 Case Study
Texas	Chapter 1 “Not on veteran’s cabinet despite being standalone”, Chapter 3 “Many award winning programs” and “Military Peer network”, Chapter 4 Case Study
Utah	Chapter 2 “Veteran Owned Business Partnership”, Chapter 3 “DMV collaboration”
Vermont	Chapter 1 “Small staff”
Virginia	Chapter 1 “Large veteran home network”, Chapter 2 “Veterans Education Transition and Employment Program”, Chapter 3 “Collaboration with department of Behavioral Health”, Chapter 4 Case Study
Washington	Chapter 3 “Many award winning programs” and “State VetCorps”, Chapter 4 Case Study
West Virginia	Chapter 1 “Small Staff”
Wisconsin	Chapter 1 “Recognized leader in creative licensing programs”, Chapter 2 “Partnered with other agencies to coordinate services”
Wyoming	Chapter 3 “Adopted Alaska’s best practice”



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