Examination of Rural County Veterans Affairs Offices

The Center for
Rural Pennsylvania
A Legislative Agency of the Pennsylvania General Assembly

Examination of Rural County Veterans Affairs Offices

by:
Michael Behney, MURP, Auden Thomas, Ph.D., Stephanie Wehnau, M.S., Nicole Sturges, Tim Servinsky, Sue Copella, Jennifer Shultz, John Maurer, Larry Meyers, Erik Li, M.B.A., and Dave Horan
The Institute of State and Regional Affairs, Penn State Harrisburg
and Lee Ann Labecki, M.A., Cupola85

July 2012

This project was sponsored by a grant from the Center for Rural Pennsylvania, a legislative agency of the Pennsylvania General Assembly.

The Center for Rural Pennsylvania is a bipartisan, bicameral legislative agency that serves as a resource for rural policy within the Pennsylvania General Assembly. It was created in 1987 under Act 16, the Rural Revitalization Act, to promote and sustain the vitality of Pennsylvania's rural and small communities.

Information contained in this report does not necessarily reflect the views of individual board members or the Center for Rural Pennsylvania. For more information, contact the Center for Rural Pennsylvania, 625 Forster St., Room 902, Harrisburg, PA 17120, telephone (717) 787-9555, email: info@rural.palegislature.us, www.rural.palegislature.us.

Executive Summary

This research inventoried, compared, and analyzed services provided by County Veterans Affairs Offices (CVAOs) in Pennsylvania. The purpose of the study was to examine why service variations exist from county to county and determine how satisfied veterans are with the services they receive.

The research used county level data from the U.S. Census Bureau's American Community Survey and the U.S. Veterans Administration's VetPop2007 to describe current and projected veteran demographic characteristics.

To accomplish the study's goals, the research team conducted a literature review, in-depth interviews with stakeholders, focus groups with veterans and their family members, and a survey of the 67 county veterans affairs directors. The research team also met with an advisory group composed of veteran stakeholders representing counties, state government, independent veteran service organizations, and the Pennsylvania state legislature.

According to census figures, there was a total of 1,049,923 veterans in Pennsylvania during 2005-2009. This represents 11 percent of the population age 18 and over. The percentage was larger in rural counties (12 percent) than in urban counties (10 percent).

By 2030, the veteran population is projected to decline to fewer than 530,000. While the number of veterans is projected to decrease, the severity of their needs is expected to continue to increase. Injuries that would not have been survivable in previous wars are now bringing many more veterans home with severe needs, many for the rest of their lives.

Some of the issues facing those that serve veterans, particularly the CVAOs, as identified in the 2007 and 1994 reports commissioned by the Pennsylvania Legislative Budget and Finance Committee, continue today. The most persistent of these issues is that the state requires county commissioners to appoint a director of veterans affairs, whose duty is to oversee those obligations assigned to the county by law, while failing to provide any direct funding to support the mandate.

Another issue is that county veterans affairs directors are appointed by and report to county commissioners while serving what is essentially a state and federal program, making accountability, monitoring and measuring of program outcomes difficult.

One area of progress in the last few years has been the higher number of veterans service officers being trained and accredited, mostly by the Pennsylvania Department of Military and Veterans Affairs (DMVA). In previous studies, this was identified as a significant systemic problem as it relates to veterans receiving adequate services and representation in seeking benefits.

All stakeholders involved in this study indicated that much more could and should be done to serve veterans and that additional funding is needed. One suggestion for increasing resources included creating a Pennsylvania Veteran Foundation, funded through special state lottery ticket sales.

Veterans and veteran family members expressed high satisfaction in the services they were receiving from CVAOs, though they indicated that improvements in service delivery are needed.

The survey of county veterans affairs directors showed that the biggest determinants of providing a full range of services and recovering a larger proportion of federal benefits are having a full time director and adequate budget and staffing. Directors who worked full-time on veteran matters recovered an average of $187 per veteran compared to $13 per veteran for directors working part-time on veteran issues.

Over three quarters of rural directors reported holding a full-time position (79 percent). That means that 21 percent of rural directors serve veterans in a part-time capacity. All of the reporting urban counties had a full-time director.

The research indicated that legislative consideration of changes to the management of and reporting by CVAOs, as well as funding considerations, is warranted to achieve a more effective and efficient delivery of services to veterans. The in-depth interviews also yielded a suggestion that the DMVA conduct a regular needs assessment of veterans to better understand how to best serve their needs. Finally, the DMVA should provide regular re-certification training sessions to ensure that county veterans affairs directors are receiving the same information, in the same format, in a timely and consistent manner.

Table of Contents

Introduction 5
Goals and Objectives 7
Methodology 7
Results 9
Conclusions 19
Policy Considerations 20
References 22
Appendix - Veteran Demographic Profile for Pennsylvania 23

Introduction

Ensuring that Pennsylvania veterans access their federal and state veterans benefits is important given the current demand for services, the economic downturn, restricted private healthcare access, and the sheer number of veterans who are returning or have served in the active military. Previous studies have found that the need for veteran services, the range of services offered, and service levels vary from county to county (Computer Aid, Inc., 2009; Defense Solutions, 2006).

At the national level, of the 23.4 million U.S. veterans, nearly three-quarters served during a war or an official period of conflict. As a result, about a quarter of the nation's population – 70 million – is potentially eligible for Department of Veterans Affairs (VA) benefits and services because they are veterans, family members, or survivors of veterans[1]. In Pennsylvania, there are about 1 million veterans, with approximately 32 percent (316,047) residing in rural areas of the state[2]. Included in this figure are veterans ranging from the pre-WWII era to those returning from Iraq and Afghanistan.

Defining a Veteran

U.S. Code Title 38 establishes federal benefits for veterans and their family members. Section 101 defines a veteran as "one who served in the active military, naval, or air service, and who was discharged or released from the military under conditions other than dishonorable"[3]. It further defines veterans as individuals who served active duty in the U.S. Army, Navy, Coast Guard, Marines, or Air Force, and who were discharged or released under conditions other than dishonorable. National Guard and reserve members do not earn veteran status unless they have been mobilized by the president, have prior federal service, or were disabled as a result of their duty[4].

This study focused on Pennsylvania residents who are U.S. veterans of the Armed Forces, received an honorable or general discharge, and who have accessed federal and state veteran programs and benefits. This study considered the commonwealth's veteran population of more than 1 million veterans and their survivors who reside in Pennsylvania.

Sources of Veteran Support

There are three governmental levels at which services for veterans are coordinated – federal, state, and county – and a fourth support provided by independent veteran service organizations, such as the American Legion, Veterans of Foreign Wars, and American Veterans. The system of veteran service officers consists of the U.S. Department of Veterans Affairs (VA) working in conjunction with veteran service officers from independent veteran service organizations, and state or county government.

Veteran service officers serve as a veteran's assigned representative at no expense to the veteran and assist with the preparation, presentation and completion of veteran claims. They help identify what paperwork is required in the claims process; monitor the progress of claims through adjudication; and intercede on the veteran's behalf if problems arise. They review decisions made by the VA to ensure that veterans receive the benefits for which they are entitled.

At the state level, assistance is provided by state veteran service officers located within the Bureau of Veterans Services at the Pennsylvania Department of Military and Veterans Affairs (DMVA). This bureau coordinates veteran outreach efforts with the independent veteran service organizations and the 67 County Veterans Affairs Offices (CVAOs). The state veteran service officers work with the VA regional offices, veteran service organizations, and veteran advocates to ensure that veterans obtain all the county, state, and federal benefits to which they are entitled.

Additionally, the Pennsylvania State Veterans Commission is comprised of representatives of all major veteran organizations throughout the commonwealth as well as a representative of the Association of County Directors for Veterans Affairs. The commission meets regularly to consider pending federal and state legislation and policy that is of interest to veterans.

From 1981 through 2010, state level support services were also provided to veterans through five Governor's Veterans Outreach and Assistance Centers, operated by the Pennsylvania Department of Labor and Industry. These centers, which were underwritten through federal grants, helped veterans to file paperwork for health claims, job placement, education and other services.

In 2009, these centers were closed as services were determined to be duplicative of those already available in each of the commonwealth's 67 counties as well as those offered by the independent veteran service organizations.

At the county level, advocacy is provided by county directors of veterans affairs, who are established by county code (Pa. Act of Aug. 9, 1955, P.L. 323, No. 130 Cl. 16, Section 1923). The directors are accredited by the VA and/or an independent veteran service organization. County directors of veterans affairs provide veterans and their dependents direct assistance to identify, determine eligibility, and assist in the preparation of applications for federal and state benefits and programs.

The final source of veteran outreach and support is

1. U.S. Department of Veterans Affairs. (August 2009). *State Summary: Pennsylvania and the U.S. Department of Veterans Affairs.*
2. U.S. Department of Veterans Affairs, VetPop 2007 Estimates and Projections.
3. United States Code 38 §101(2).
4. Ibid 5.

offered by the independent veteran service organizations (IVSOs) including the American Legion, the Veterans of Foreign Wars, AmVets, Disabled American Veterans, and other chartered veteran service organizations. Pennsylvania has a very organized and active IVSO community that has often provided services at its own expense when other resources have not been available. IVSOs largely provide officers who prepare, present and prosecute claims for benefits on behalf of veterans and family members with the VA without charge or requirement of veteran membership.

Current State of Veterans Services

In 2008, the VA reimbursed a total of $3.3 billion to more than 1 million veterans in Pennsylvania[5]. Overall, the demand for health care and disability benefits for returning veterans is significant, with 43 percent of combat veterans from Operations Enduring Freedom (Afghanistan) and Iraqi Freedom seeking VA compensation for a service-connected injury or illness upon their return to the states[6]. Since the onset of the Gulf War, Pennsylvania has ranked fourth in the nation for the number of service members serving on active duty largely due to the commonwealth's National Guard contingency.

Most claims filed by Pennsylvania veteran service officers to date have focused on the needs of WWII, Korean, Cold War, and Vietnam veterans[7]. However, as the number of veterans returning from the Iraq and Afghanistan conflicts continues to increase, the need for certified veteran service officers at both the state and county level is critical to effectively manage the complexity of the claims process[8]. Furthermore, a recent process analysis with veteran service officers from several of the IVSOs conducted in the mid-2000s demonstrated that veterans who file claims through a service representative will, on average, receive an additional $7,000 in reimbursement than will veterans who file claims independently[9]. Therefore, it is important that staff assisting veterans have the training and certification required to most effectively process the claims to the benefit of the claimant.

Today's battlefield medical successes are creating an unprecedented survival-to-death ratio (16:1) for Iraq and Afghanistan veterans. These successes correlate with higher veteran service officer workload demands as veterans seek assistance for treatment and claims processing at a higher rate and frequency[10].

Given the evolving picture of veteran demographics and increase in the need for medical and other services, it is important that policymakers understand how benefits are provided to veterans to address appropriate policy and program planning.

Generational Communication Strategies

Veterans of World War II are generally in their 80s. Veterans of the battles in Iraq and Afghanistan are typically in their 20s. That 60-year range of ages crosses multiple generations. These generations witnessed some of the most stressful times in our nation's recent history. However, these generations of service men and women are different, and it is incumbent upon any agency attempting to serve them to account for not only their similarities but also their differences.

Any communications plan directed toward a group of individuals with a wide age-range like Pennsylvania's veterans must account for the preferred modes of communication. *Generations 2010*, prepared by the Pew Research Center, provides an interesting analysis of Internet use across generations as a function of access[11]. The study found that 79 percent of all Americans go online; however, the percentage drops incrementally from 95 percent for Millennials (those born from 1981-2000) to only 30 percent of those considered to be in the G.I. Generation (those born before 1946). It's important to note that older users are more likely than younger users to go online to visit government websites to obtain information (ages 34-64 lead in that category.) Furthermore, while the G.I. Generation may only go online 30 percent of the time (40 percent of which is to visit government websites), only 20 percent have access to broadband and typically need to travel outside the home to access the Internet. The findings by the Pew Research Center are compelling as they indicate that while older generations know how to access the Internet for information, their preferred communication mode still remains traditional hard-copy communications, such as pamphlets, brochures and newspapers, in part, because of access. Conversely, the opposite is true of the Millennials, who rely on fast-paced, text communica-

5. U.S. Department of Veterans Affairs. (August 2009). *State Summary: Pennsylvania and the U.S. Department of Veterans Affairs.*
6. Ibid 8.
7. Veterans Home Needs Assessment and Feasibility Study of Additional Veterans Homes, Computer Aid, Inc. and First Chesapeake Group, March 31, 2009.
8. The Veterans Administration Office must certify veteran service officers who work for DVMA or one of the independent veteran service organizations. However, the current county statute, which sets requirements for county veterans affairs directors, does not require certification and allows county commissioners to set the qualifications for terms of the hire.
9. U.S. Department of Veterans Affairs. (May 2005). *Review of State Variance in VA Compensation Payments*. Report No. 05-00765-137.
10. Ibid 2, p.32-33.
11. "Generations 2010." Pew Internet. Pew Research Center, 16 Dec. 2010. Web. 9 Feb. 2012. http://perinternet.org/Reports/2010/Generations-2010.aspx.

tions and shun hard copy communications – again largely because of access. In developing an effective communications strategy, these preferences must be understood and leveraged.

Goals and Objectives

The primary purpose of this study, which was conducted in 2011, was to determine if and why there were variations in the provision of services by CVAOs and how satisfied veterans were with the services provided by those offices. In addition, the study sought to identify veterans' knowledge of available benefits, including any age-based differences in the ways veterans prefer to learn about benefits.

The study also explored policy issues in providing effective services to veterans as well as statistical data on veteran demographic characteristics and projections and operating budgets and staffing levels of CVAOs.

Finally, the study explored the impact of Act 66 of 2007[12] on the provision of rural veteran services.

Methodology

To accomplish the study's goals, the research team: reviewed existing documents and reports discussing the provision of veteran services in Pennsylvania to gain an understanding of the issues and concerns facing veterans; conducted focus groups comprised of veterans and veteran family members to determine how satisfied veterans are regarding the services they receive from CVAOs; surveyed county directors of veterans affairs to assess the organizational structure, budgets, services offered and used, and staffing levels of each CVAO; conducted in-depth interviews with key stakeholders to explore issues identified in the survey and focus groups; analyzed state- and county-level data from the latest U.S. Census Bureau's American Community Survey (ACS), and U.S. Veterans Administration's VetPop2007 to develop detailed demographic state and county level profiles; and analyzed a publicly available administrative dataset on compensation recovered by CVAOs, IVSOs, and the DMVA. The team also engaged an advisory committee of key veteran stakeholders to act as a sounding board for ideas and questions and to review and comment on methods and findings.

Focus Groups of Veterans and Family Members

The researchers conducted three focus groups composed of veterans and veteran family members who receive benefits from the CVAOs to provide the perspective of beneficiaries of veterans services.

The researchers conducted two of the focus groups in rural counties and one in an urban county, in accordance with the Center for Rural Pennsylvania's definitions of rural and urban counties. The study's advisory group selected specific regions of the commonwealth – the northwest, the northeast, and south central regions of the state – to represent the potentially diverse perspectives of veterans around the state. Several counties in each area were identified as potential sites.

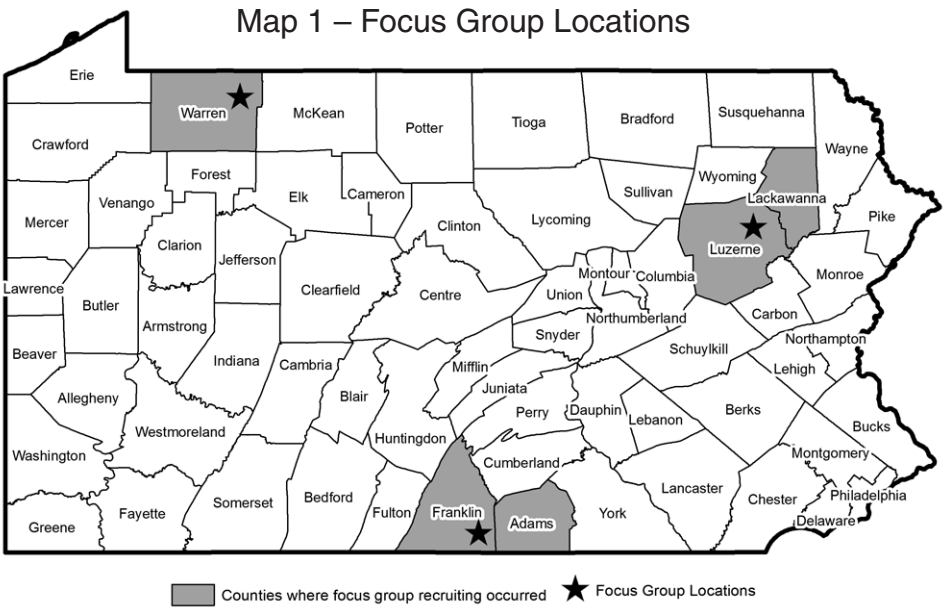
Due to the regulations of the Health Insurance Portability and Accountability Act (HIPPA), the researchers were unable to obtain lists of veterans who filed for benefits through a CVAO. Therefore, the team had to recruit focus group participants via third parties because the study team did not have any names or contact information for potential participants (veterans). Consequently, to reach the study population, the team emailed county directors of veterans affairs in the target geographies requesting their assistance with recruiting for this project. Based on email responses, the researchers selected the specific counties in which focus groups were held. The focus group sites were Warren County, in northwest Pennsylvania, and Franklin County, in south central Pennsylvania (rural county focus group sites), and Luzerne County, in northeast Pennsylvania (urban county site). This provided representation from a variety of geographic regions of the commonwealth and met with the approval of the study advisory group. Map 1 on Page 8 shows the specific location of each focus group.

To participate in one of the focus groups, a participant was required to be a veteran, 18 years old or older, who had filed a claim through a Pennsylvania CVAO within the past 24 months. Spouses, widows and widowers, and family members of veterans were also eligible to participate as long as they were 18 years old or older.

The researchers used flyers to recruit participants for the focus group sessions. The flyers were sent via email to the director of veterans affairs from each county of the three sites selected. The directors were asked to pull a random sample of about 100 veterans who had filed claims in their office in the last 24 months and mail the recruiting flyers to them.

After the focus groups were conducted, the research team members independently reviewed each transcript and corresponding set of notes to identify key themes that emerged from the discussions. They met several times to compare findings and further identify themes that emerged. Finally, the researchers compared responses and themes across groups to produce a summary of all of the major themes that emerged from the three focus groups.

12. Act 66 of 2007 provides for the establishment of a grant program for designated accredited IVSOs for defraying the costs for wages, benefits, training and equipment and for improving outreach and delivery of services to Pennsylvania veterans.



county level profiles comparing veterans and non-veterans in Pennsylvania. The 2005-2009 ACS file contains population and housing characteristics based on data collected from January 1, 2005 to December 21, 2009, which was the most recent when this research was conducted. The ACS defines veterans as men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps. All other civilians are classified as nonveterans.

The VetPop2007[13] is a model used by the VA to develop projections of the veteran population. It was used to estimate the number of veterans separating after April 1, 2000.

The state and county profiles include demographic characteristics of the veteran and civilian population age 18 and over in each county. Specific data items included: total population; gender; period of military service of veterans; projections of veteran population; race and ethnicity; age; educational attainment; median income; and employment.

Survey of County Directors of Veterans Affairs

The researchers conducted a survey of the 67 county directors of veterans affairs to identify their offices' organizational structure, staffing levels, annual operating budgets, services offered, and services used. The survey was emailed to the county directors in July 2011. A total of 52 completed surveys were submitted; five were completed via phone and 47 were completed online, yielding a response rate of 78 percent.

In-Depth Interviews

The researchers conducted in-depth interviews of key stakeholders to explore issues identified in the survey and focus groups. The interviews, conducted face-to-face by a trained interviewer, consisted of a predetermined set of key questions.

The interviews were conducted with:

- Brigadier General Michael Gould, Deputy Adjutant, Pennsylvania Department of Military and Veterans Affairs;
- Brinda Carroll Penyak, Deputy Director, County Commissioners Association of Pennsylvania; and
- Ed Burris, President, Pennsylvania State Association of County Directors of Veterans Affairs (PSACDVA).

Participants were selected based on their professional position and their understanding and on-going involvement with veterans issues in Pennsylvania.

Demographics of the Veteran Population

Selected information from the latest U.S. Census Bureau's 2005-09 American Community Survey (ACS) and U.S. Department of Veterans Affairs' VetPop2007 was used to develop detailed demographic state and

Administrative Data on Veteran Compensation

The research also analyzed DMVA county-level data for fiscal year 2010-2011 on compensation received. These data summarize service-connected disability compensation, non-service-connected disability pension (a needs-based financial benefit that is geared towards seniors with high medical expenses), and one-time payment of awards as it accumulated while the case was being decided. These data were available and compared for both CVAOs and IVSOs.

Advisory Group of Key Veteran Stakeholders

As part of this study, the research team was aided by the participation of a statewide advisory group of key veteran stakeholders, including:

- Brigadier General Michael Gould, Deputy Adjutant, Pennsylvania Department of Military and Veterans Affairs;

13. http://www.va.gov/VETDATA/docs/Demographics/VetPop07-OV-final.pdf.

- Brinda Carroll Penyak, Deputy Director, County Commissioners Association of Pennsylvania;
- Ed Burris, President, Pennsylvania State Association of County Directors of Veterans Affairs;
- Senator Lisa Baker, Majority Chairperson, Senate Veterans Affairs and Emergency Preparedness Committee and staff liaison Diane McNaughton;
- Senator Tim Solobay, Minority Chairperson, Senate Veterans Affairs and Emergency Preparedness Committee and staff liaison Patrick Cusick;
- Representative Stephen Barrar, Majority Chairperson, House Veterans Affairs and Emergency Preparedness Committee and staff liaison Kelly Zambito;
- John Brenner, VFW Department of Pennsylvania; and
- Kit Watson – Secretary, Pennsylvania War Council and State Adjutant, American Legion.

The role of the advisory group was to act as a sounding board for ideas and questions, to review and comment on research protocols and findings, and to assist in gaining participation from county directors.

Results

Literature Review

A Comprehensive Study and Review of Veteran Services in Pennsylvania, is a comprehensive analysis on veteran's services that was commissioned by the Pennsylvania Legislative Budget and Finance Committee (LBFC) and published in 2007. The two major recommendations from this report offered that adequate resources should be provided to administer veterans programs within the commonwealth, and the oversight and delivery of these programs should be streamlined within a single organization.

This research supports both of these recommendations. At the time of the 2007 LBFC report, the Pennsylvania General Assembly had not yet enacted Act 66 of 2007 and the state was still administering the Scotland School for Veterans' Children (SSVC); five Governor's Veterans Outreach and Assistance Centers (GVOAC); and 77 Pennsylvania Department of Labor and Industry Job Center Offices. All have since been eliminated or combined with other efforts at no cost to the DMVA.

The LBFC report also cited a perceived lack of standardization and equity in the claims application and approval process by CVAOs and raised questions related to the statutory qualifications and duties for county directors of veterans affairs. Finally, the report questioned the cost-effectiveness and efficiency of the CVAOs given the relatively low per-veteran-collection levels while acknowledging that the structure lacked dedicated funding and remained an unfunded state mandate.

Over the past 4 years, the qualifications of those serving as county directors of veterans affairs have steadily increased as marked by the overall accreditation level. In 2007, 54 of the 67 county veterans affairs directors had achieved VA accreditation, with four pending accreditation; as of July 2011, 65 of 67 county directors had realized accreditation.

Additionally, there is a greater effort to coordinate services vertically between federal, state and local service providers as well as horizontally across sister service organizations to better identify and ensure the delivery of services to Pennsylvania's veteran population. In this way, DMVA has been successful in streamlining services and improving connectivity and service channels for Pennsylvania veterans.

Veterans Homes Needs Assessment and Feasibility Study of Additional Veterans Homes (Tompkins et al, 2009), a study on the capacity of the DMVA to provide appropriate long-term care (LTC) for Pennsylvania veterans, emphasized that providing such services is challenging given the long planning horizon for hospitals, nursing homes and other LTC facilities. Additionally, the report evaluated existing and projected demand for veteran LTC services, and compared services available from the DMVA to other health care providers. The result was an identified shortfall in bed capacity in many areas of the commonwealth. Recommendations from the report included a redistribution of existing underused beds and the building of three new facilities at geographically strategic locations.

The research review indicates that, currently, DMVA believes that significant cost savings can be achieved when private nursing homes become VA certified, in lieu of building new facilities.

A central component in examining the provision of services to veterans in Pennsylvania is Act 66 of 2007, which establishes a grant program for IVSOs to improve the administration and delivery of services to Pennsylvania veterans. The act provides financial assistance to VA-accredited service officer programs offered by nationally chartered independent veteran service organizations.

The goals of the legislation are to enhance service delivery to veterans, increase the number of Pennsylvania veteran claims for service-related disability or pensions filed with the VA, develop methods to increase rates of recovery paid by the VA to Pennsylvania veterans, expand training opportunities for designated IVSOs and veterans service officers, increase either the number or percentage of Pennsylvania veterans enrolled in the VA health care system, improve coordination among the veteran service organizations and with the Pennsylvania DMVA to ensure an integrated approach to claims processing, and improve veteran outreach services.

51 Pa. C.S. 9304(g) authorizes and directs the DMVA to establish procedures, policies, guidelines, forms and reporting requirements for the Veterans Service Officer Grant Program, established by Act 66, for veteran service organizations.

In 2010, the DMVA analyzed the background, funding level, grants, productivity, cost effectiveness, reporting requirements and assessment of participation in the grant program established by Act 66. It also details the amount requested and the amount funded to each veteran service organization in fiscal year 2010-2011.

The legislative appropriation and funds recovered since the implementation of Act 66 are shown below:

Fiscal Year	Appropriated Amount	Funds Recovered
2008/2009	$1,678,000	$146,856,393
2009/2010	$1,678,000	$348,153,740

A 2005 report by then Auditor General Jack Wagner highlighted veterans' concerns on a host of issues. Two such issues that are relevant to this study include:

- The need for a separate Department of Veterans Affairs with a cabinet-level rank of secretary within the state's executive branch; and
- The need for the county code to be updated to more specifically capture the full range of the county veterans services director's duties and responsibilities.

Demographics of Veteran Population

In Pennsylvania, there are over 1 million veterans with approximately 32 percent (316,047) residing in rural areas[14]. Included in this figure are veterans from the pre-WWII era to those returning from Iraq and Afghanistan.

Highlights from the Veteran Demographic Profile for Pennsylvania (See Appendix) show:

- Pennsylvania veterans are predominantly male;
- They are older than the total population;
- They have a similar racial composition to the total population;
- A smaller percentage of veterans have a bachelor's degree or higher but their median income is higher and their unemployment rate is lower than the total population; and
- The number of veterans is projected to decline significantly – by almost half – over the next 20 years.

(*Note: County-level veteran demographic profiles were also produced as part of this research and are available on the Center for Rural Pennsylvania's website at www.rural.palegislature.us.)*

Total Veteran Population

There was a total of 1,049,923 veterans in Pennsylvania based on the ACS 2005-2009 file. This represents about 11 percent of the population age 18 and over. The county with the largest percentage of veterans was Potter County (16 percent) followed by Sullivan, Cameron and Warren counties. The smallest percentage of veterans was in Philadelphia County (8 percent). Centre, Chester, Montgomery and Delaware counties also had small percentages of veterans.

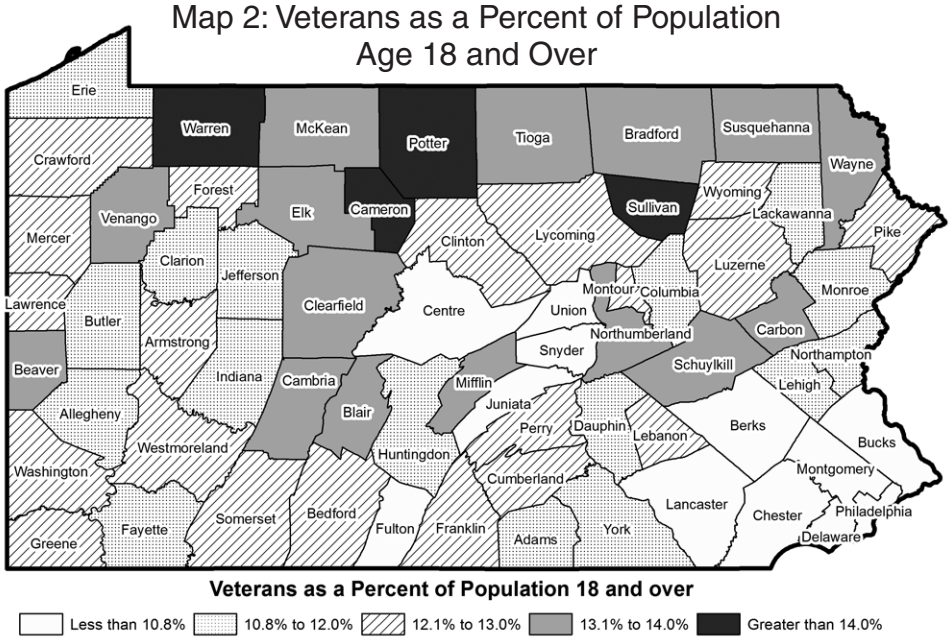
As shown in Map 2, the northern tier has the heaviest concentration of veterans as a percent of the population.

Of the total number of veterans in Pennsylvania, 330,917 (32 percent) were in rural counties and 719,006 (68 percent) were in urban counties. The counties with the largest number of veterans during this time period were Allegheny (106,980) and Philadelphia (88,555), both urban counties. The rural counties with the largest number of veterans were Washington (19,937) and Butler (16,536). The Pittsburgh and Philadelphia areas show the heaviest concentrations of the total number of veterans.

Veteran Population Projections

The veteran population in Pennsylvania is projected to decline over the next 20 years. According to VetPop 2007

Map 2: Veterans as a Percent of Population Age 18 and Over



14. Based on projections from VetPop2007data from Census 2000, ACS, Defense Manpower Data Center (DMDC) – Active Duty and Reserve, and the Office of Actuary of the Department of Defense – GORGO projection is used as input for the model.

Table 1: Comparison of Age, Veteran to Total Civilian Population in Pennsylvania 2005-09

Age		
	Total Civilian	Veterans
18 to 34 years	28%	6%
35 to 54 years	38%	23%
55 to 64 years	15%	26%
65 to 74 years	9%	20%
75 years and over	10%	26%

Source: American Community Survey 2005-2009.

projections, the population in 2010 was 964,132, which is projected to drop to fewer than 530,000 by 2030. This represents a 45 percent decline. The largest declines are projected in Forest, Cameron and Cambria counties.

While the number of veterans is projected to decrease, the severity of their needs is increasing. Injuries that would not have been survivable in previous wars are now bringing many veterans home with severe needs - many for the rest of their lives (Carlock, 2007).

Period of Service

The largest percentage of veterans in Pennsylvania served during the Vietnam era (32 percent). This is followed by those who served during World War II (16 percent), those who served during the Korean War (14 percent), those who served during the first Gulf War from August 1990 to August 2001 (10 percent), and those who served during the second Gulf War from September 2001 and later (5 percent). The percentage of veterans who served during the Vietnam era ranged from about 42 percent in Fulton County to 24 percent in Montour County.

The counties with the largest percentages of veterans who served during World War II are Elk County at 22 percent and Cameron County at 20 percent.

Veteran Age

As shown in Table 1, the veteran population in Pennsylvania is older than the total civilian population. A large disparity is seen in the 75 years and over age group. A quarter of veterans are in this age group while only about 10 percent of the total civilian population is in this age group.

An even larger disparity is seen in the 18 to 34 year old age group – 6 percent of veterans compared to 28 percent of the total civilian population.

Educational Attainment

Twenty percent of Pennsylvania veterans had a bachelor's degree or higher.

As shown in Map 3, the counties with the largest percentages of veterans with a bachelor's degree or higher were Chester at 39 percent, Montgomery at 35 percent and Centre at 31 percent. The counties with the lowest percentages were Cameron at 7 percent and Sullivan at 9 percent.

The percent of Pennsylvania veterans with a high school diploma (42 percent) is greater than for the total civilian population (38 percent). However, the percent of Pennsylvania veterans with a bachelor's degree or higher (20 percent) is less than the total civilian population (26 percent).

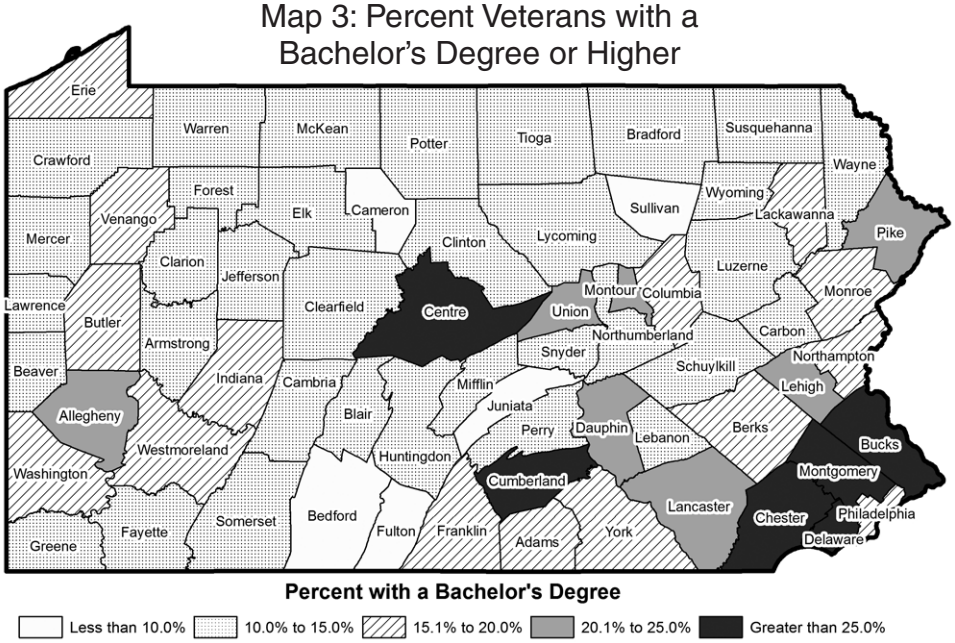
Median Income

The median income for Pennsylvania veterans was $32,478 compared to $25,677 for the total civilian population. Male veterans had a median income of $32,871, higher than female veterans at $25,719. These median income figures reflect the income of veterans, not the veterans' households. As shown in Map 4 on Page 12, the highest median incomes for veterans were seen in the southeastern and south-central portions of the state. Only four counties had median incomes above $40,000: Chester, Cumberland, Montgomery and Bucks. The lowest median income for veterans was in Sullivan County at $24,583.

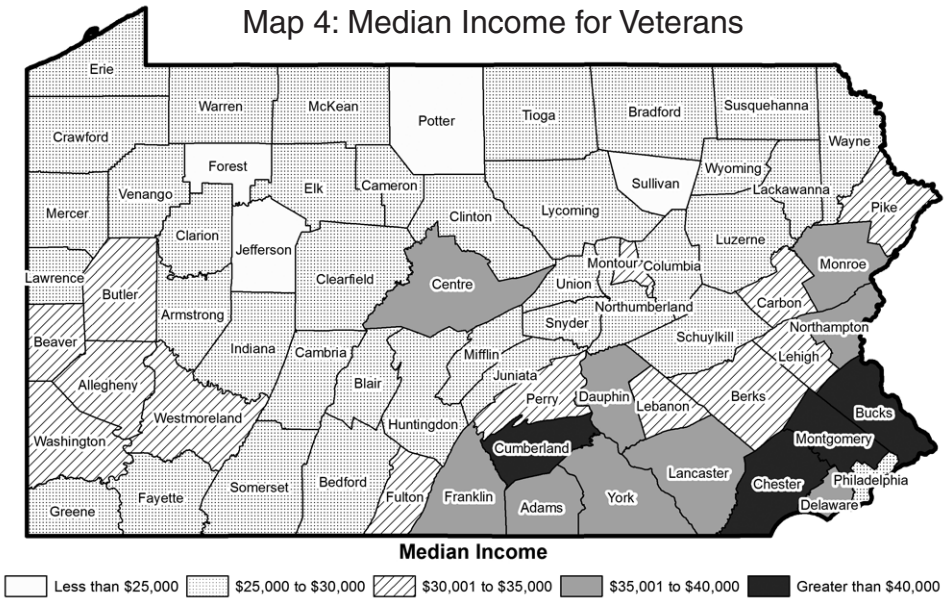
Employment

The unemployment rate for Pennsylvania veterans was about 6 percent compared to 7 percent for the total

Map 3: Percent Veterans with a Bachelor's Degree or Higher



civilian population. The unemployment rates for veterans ranged from 11 percent in Philadelphia County to 2 percent in Monroe County.



In-Depth Interviews

Service Provision for Veterans

The following issues were raised in the in-depth interviews about service provision for veterans:

- The need for more resources for county veterans affairs directors.
- Difficulties in reaching veterans especially in rural areas. General Gould estimated the DMVA was only reaching 10 percent of the veterans in Pennsylvania.
- Newer veterans are not seeking services as much as those from earlier conflicts.
- The IVSOs (VFW, American Legion, etc.) try to educate their members about available benefits, but only a small fraction of veterans are members so there is a need to find new outlets to reach veterans, especially younger veterans.
- More emphasis needs to be placed on long-term care and home health care for aging veterans and spouses. One solution would be to use existing local nursing homes or in-home and community-based services rather than build new state-run veteran homes.
- Call for a needs assessment for veteran services.
- Raise more money for veteran services in Pennsylvania, possibly by creating a veteran foundation.
- Addressing service gaps for: special problems with incarcerated veterans; veterans finding jobs in areas of the state with high unemployment; or getting a housing voucher or assistance for veterans facing foreclosure or homelessness.
- Difficulties in rural Pennsylvania for veterans who have disabilities to travel and receive benefits.

Legislative Mandate

In terms of the need to update and/or modify the current statutory role and/or responsibilities of county veterans affairs directors, the impact of Act 66 of 2007 on veterans services in Pennsylvania and whether the closure of the Governor's Veterans Outreach and Assistance Centers has redirected veterans to other service channel, the interviews raised the following issues.

- County directors need to be trained professionals to offer the best service to veterans.
- The county director position needs to be more well-defined, with specific guidelines on how a county director should assist veterans.
- Conflicts can exist between county commissioners and county veterans affairs directors in cases such as the Real Estate Tax Exemption, which exempts a veteran from real estate taxes if he or she is 100 percent permanently disabled. One estimate is that funds lost to counties across the state are $10 to $15 million in tax money being waived each year.
- There is a need for more consistency from county to county in terms of services provided to veterans. Minimum requirements for personnel who are filling county director roles could address this.
- Act 66 has brought positive outcomes to better serve veterans in Pennsylvania.
- Evaluations of individual veteran service officers are necessary, in addition to assessments of county offices and independent service organizations overall.
- Resources from the former Governor's Veterans Outreach and Assistance Centers were being put to better use since their closure.

Coordination Among Service Providers

The key informants raised the following issues on how well existing service providers coordinate and complement their services, and provided some suggestions to better coordinate veteran services.

- CVAOs have done a good job of coordinating and collaborating with other county government human services, social services, judicial and criminal justice offices. County directors have also become familiar

and knowledgeable regarding other services like the Area Agencies on the Aging and hospice. And those agencies have become familiar and knowledgeable about the county directors – referring clients when they come in for services.
- Warren County personal care homes include a question on their intake form regarding veteran status so that veterans or the surviving spouse of a veteran may contact the CVAO.
- CVAOs play the role of a comprehensive service provider or coordinator. If a vet can be assisted before issues escalate into bigger and more series problems, everyone is better off, especially the veteran. Directors have the other county offices and community resources at their disposal and can work with the whole person and all his/her needs.
- The VFW and American Legion posts are valuable partners as they cover large spans of geography and have extensive networks to get the word out on veterans issues.
- Additional representatives on the Governor's State Veterans Commission would improve coordination and service delivery. Since the governor appoints the members, the committee can have significant influence on service coordination and other important service delivery issues.

Unique Needs of Veterans from Different Service Eras

The key informants raised the following issues about needs and successful communication strategies for veterans from different services eras.

- Different communication strategies are needed to reach veterans from all eras. For example, many older veterans like to read hardcopy articles in newspapers and newsletters whereas younger veterans are more inclined to use websites or social networking tools.
- An innovative method of communicating with veterans being explored by the County Commissioners Association of Pennsylvania is the use of an online service called the *Network of Care – Veteran*[15], which bills itself as a one-stop shop for virtually all services, information, support, and advocacy. As of October 2011, the service was available in California, Colorado, Maryland, Oregon, Texas and the state of Washington. It provides video interaction with someone who can relate and speak to the specific issues that veterans face and have experienced.
- Other unique needs identified were dealing with homelessness and employment issues, which are surfacing with more recent-era veterans.
- The state website for veterans services needs to take advantage of a more user-friendly design.
- The needs of veterans from different service eras are unique. In World War II and Korea, many service members died from their injuries. In Vietnam, they had better protection. But veterans today are surviving more serious wounds, so they are coming home with horrendous complications that not only affect them but also their families.
- In contrast to veterans of World War II, Vietnam, and Korea, who made one or two tours of duty, current veterans are doing four, five or six tours in combat zones. This environment is contributing to the high percentage of veterans with post traumatic stress disorder (PTSD).

Key Informant Recommendations

The key informants offered the following recommendations for the legislature and the governor for improving services for Pennsylvania veterans.

- Nursing homes in Pennsylvania should become certified by the VA so the state can charge long-term care services to the VA instead of Medicaid. *Note: The study team found the Public Assistance Reporting Information System (PARIS) was established to ensure that individuals applying for Medicaid benefits were not also inappropriately applying for multiple assistance opportunities. However, more recently, veterans affairs departments in a number of states, like Washington, have successfully used PARIS to identify individuals with veteran status who were using Medicaid rather than the VA benefits to which they were entitled. By shifting veterans to VA benefits, states can realize significant cost savings while the veterans realize greater reimbursement for in-home and/or long-term care. Furthermore, unlike Medicaid, veterans are able to use benefits they have earned, which do not require repayment (Kaiser Family Foundation, 2011).*
- County directors should report to the state director's office to improve consistency and professionalism and receive more training.
- Intake forms should be standardized so that measurements can be generated on how many veterans are being assisted and their assistance categories. New York was mentioned as having a good form that could be considered. *Note: The study team found the New York form at http://veterans.ny.gov/data.html: NYS Forms, Reports of Contacts and Services (for VSAs).*
- Improve monitoring and metrics regarding productivity of each veterans services officer, instead of just focusing on organizational achievements, when it comes to compensation recovery. *Note: The study team found that the New York State Division of Veter-*

15. http://networkofcare.org/index2.cfm?productid=17 (December 2011).

ans' Affairs has an example of a benefits dashboard at http://veterans.ny.gov/data.html.

- Create something similar to a 'family leave day' for returning veterans, where returning veterans could take a personal leave day to ascertain their eligibility for benefits.
- Allow counties to apply for and participate in the Act 66 program. Counties could use the same process so that the CVAOs would be compensated fairly.
- Conduct a needs assessment to better understand the needs and desires of Pennsylvania veterans.
- Create a state-run veterans foundation that raises funds from businesses, individuals, lottery sales and/or vanity license plates. *Note: SB 1581, which would amend Titles 51 and 75 of the Pennsylvania Consolidated Statutes to establish a Pennsylvania veterans trust fund and provide for special vehicle plates for veterans, was introduced in 2012.*

Focus Groups of Veterans and Family Members

Participant Characteristics

In total, 23 veterans or beneficiaries participated in the focus group sessions. The groups ranged in size from two to 13 participants. Due to the small size of the Franklin County focus group, the researchers were only able to collect limited data from this area. It is also important to note that focus group data should not be generalized to the population as a whole, but may be used to add value to the quantitative data. Table 2 shows that the majority of participants were from Warren County, were veterans (rather than spouses or family members), served during the Vietnam era, were male, were age 60 to 75, were white (all), and were married or living with a partner.

Summary of Findings

Communications Sources: Veterans reported many different ways they get information about benefits ranging from the Internet to word-of-mouth to county director outreach sessions. Notably lacking were complete benefits information (universe of services) provided from a central credible source. Thus veterans must wade through voluminous amounts of information to determine what benefits might apply to them.

Preferred Mode of Communications: Most participants reported face-to-face meetings as their preferred mode of communication with the CVAO. The county director is a local representative, with an established reputation, and there is a perception that participants receive more individualized attention by going to the county office rather than a regional VA office. Problems that the participants reported with the CVAO included lack of follow-through, lack of budget, and high staff turnover. However, these issues were not attributed to the county director.

Table 2: Demographic Characteristics of Focus Group Participants

County of Residence	**N**
Carbon	1
Franklin	2
Luzerne	7
Warren	13
Relationship to Veteran	**N**
Self – I am the veteran	16
Spouse	5
Widow/Widower	1
Child	1
Period of Military Service	**N**
Gulf War Veteran (Aug. 1990-Aug. 2001)	1
Vietnam Veteran	18
Korean War Veteran	1
World War II Veteran	3
County where claim was filed	**N**
Franklin	2
Warren	12
Luzerne	7
Carbon	1
Clinton	1
Gender	**N**
Male	15
Female	8
Age (years)	**N**
50-59	3
60-75	18
75 & Older	2
Race/Ethnicity	**N**
White	23
Education Level	**N**
High school diploma or GED	7
Some college	5
Two-year technical degree	5
Four-year college graduate	2
Graduate work	4
Marital Status	**N**
Married or living with a partner	20
Single/never married	1
Divorced	1
Widowed	1

Note: Numbers based on those participants who responded to the question; missing data are not included in the table.

Most Typical Services Sought: Compensation and Special Service-Connected Disability were the types of claims that most veterans reported filing at the CVAO. More than half of the participants reported filing one of these claims in the last 24 months. Participants indicated an average wait time of four to six months for each claim filed; however, some claims took significantly longer. One major concern expressed by the participants was the lack of a tracking system for claims. As a result, veterans were often left wondering about the status of their claim and spent considerable time and effort contacting the Regional Veterans Affairs Office to obtain little or no information on their claim status. Altogether, participants reported being satisfied with the CVAO and director, and were overwhelmingly positive about their interactions.

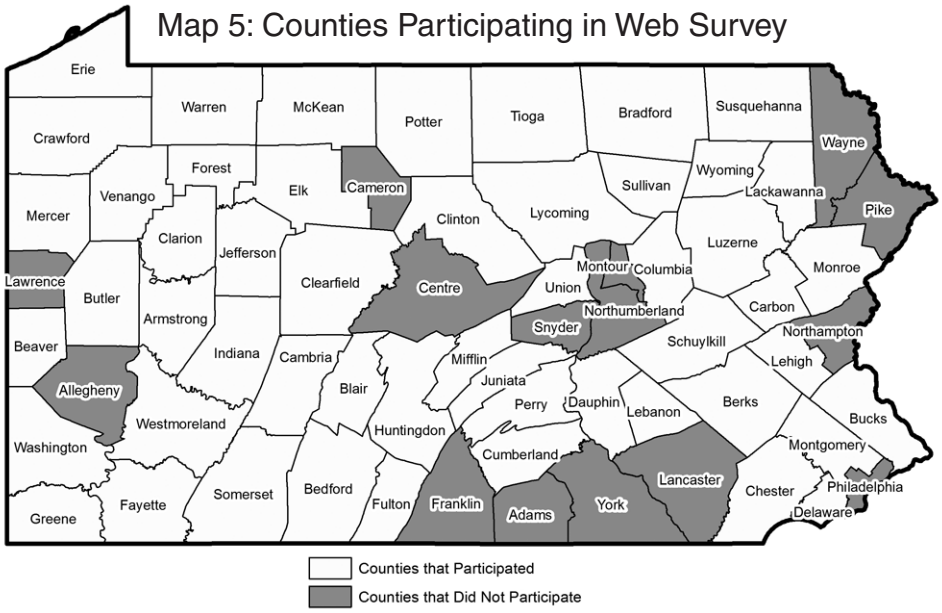
Survey of County Veterans Affairs Directors

Demographic Characteristics of Web Survey Participants

Map 5 shows the specific counties participating in the survey. Of the 52 counties that participated in the web survey, 38 (73 percent) were rural and 14 (27 percent) were urban. Non-participants included 10 rural and five urban counties.

Nearly 85 percent of directors indicated they are full-time. Slightly more than three quarters of rural directors reported holding a full-time position (79 percent). Conversely, 21 percent of rural directors held a part-time position. All of the reporting urban counties had a full-time director. Map 6 depicts the work status of the directors by county.

Map 5: Counties Participating in Web Survey



Nearly a quarter (eight counties or 22 percent) of rural county directors and nearly a third (four counties or 31 percent) of urban county directors had functions in addition to their work on veterans affairs. Of the individuals with multiple functions, 71 percent of rural directors and 75 percent of urban directors spent 51 percent or more time on veteran affairs. That means that approximately one quarter of directors with multiple functions devote 50 percent or less time on veteran issues.

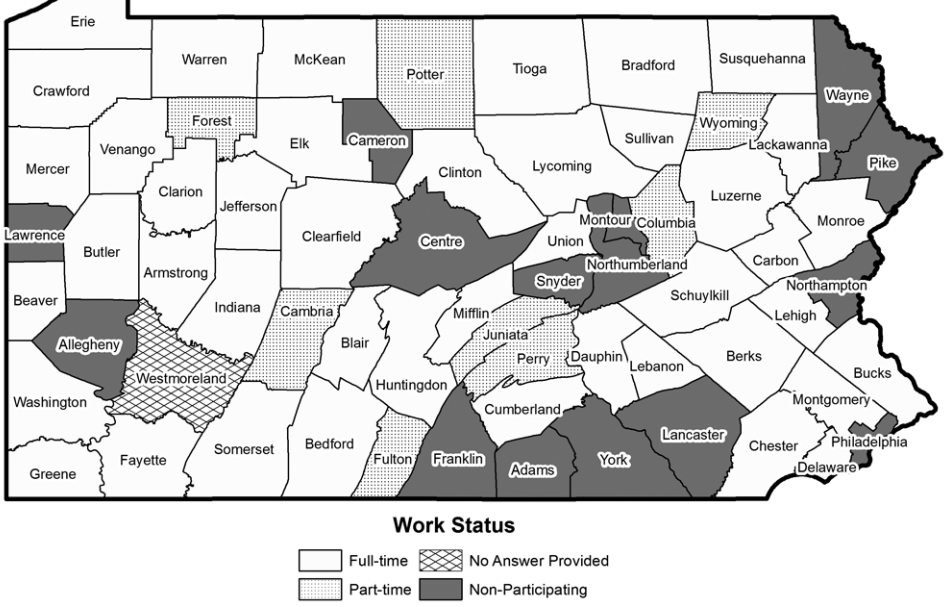
Fifty-four percent of all directors have served in this role for 5 or fewer years. The breakdown by rural/urban status was similar: rural participants reported that 53 percent of directors served 5 or fewer years compared to 57 percent of urban directors.

The respondents also described the composition of their staff. The mean number of full-time staff members in the office was 1.54 persons. However, when looking at rural and urban offices, there was a significant difference. Urban offices were staffed with an average of 2.71 full-time individuals compared with rural offices with an average of 1.08 full-time individuals. Further, CVAOs staffed an average of 0.33 part-time individuals. This breaks down to an average of 0.27 part-time individuals for rural offices and 0.50 for urban offices. Again, urban offices had slightly higher staffing capacity. However, according to county level data from the DMVA, rural CVAOs staff one individual for every 5,282 veterans compared to urban CVAOs that staff one individual for every 9,796 urban veterans.

Services

Participants were asked to rank the reasons why clients contacted their office. The top three reasons were: general

Map 6: Work Status of County Veterans Affairs Directors



benefits information (25 percent), filing a new claim (25 percent), and follow up on an existing claim (20 percent). Other reasons were claims appeal (11 percent), transportation to federal medical facilities (11 percent) and other (8 percent).

CVAOs provide a wide range of services to Pennsylvania veterans. All directors indicated they provide assistance in applying for: disability compensation benefits; non-service connected disability benefits; dependency and indemnity compensation; death pensions to surviving spouses and children; and federal and county burial benefits.

Table 3: Types of Services Offered, Rural and Urban 2011

Type of Service	All counties	Rural counties	Urban counties
	#	#	#
Assistance in applying for Disability Compensation Benefits	52	38	14
Assistance in applying for Non-service Connected Disability Benefits	52	38	14
Assistance in applying for Dependency and Indemnity Compensation	52	38	14
Assistance in applying for Death Pensions to Surviving Spouses and Children	52	38	14
Assistance in applying for Federal and County Burial Benefits	52	38	14
Assistance in applying for VA Healthcare Enrollment	51	38	13
Assistance in applying for State Veterans Benefits	49	35	14
Assistance in upgrading/correcting military discharges	49	36	13
Recording of Military Discharge Papers - DD214 or Report of Separation	47	35	12
Assisting homeless veterans in obtaining housing	47	34	13
Assistance in applying for Champ VA Healthcare Benefits	44	33	11
Assistance in applying for Dependents Educational Assistance Benefits	44	32	12
Assistance in applying for GI Bill Benefits	42	30	12
Assistance in applying for Vocational Rehabilitation Benefits	40	29	11

Table 3 shows the types of services provided, as reported by the county veterans affairs directors.

Claims

A variety of claims are filed in the CVAOs. The top three types of claims filed are: compensation (30 percent), pensions (29 percent), and death benefits (11 percent). The least frequently filed claims are: education (2 percent), other claims (1 percent), GI loans (1 percent), and life insurance (1 percent). Rural and urban offices reported similar findings.

Assistance for Veterans

The respondents reported the following assistance to veterans during the fiscal year ending June 30, 2011:

- 72,629 individual veterans helped (47 counties reporting)
  - Rural: 39,799 individual veterans helped (33 counties reporting)
  - Urban: 32,830 individual veterans helped (14 counties reporting)
- 14,998 claims filed (43 counties reporting)
  - Rural: 7,561 claims filed (31 counties reporting)
  - Urban: 7,437 claims filed (12 counties reporting)
- $130,348,314 in claims money recovered for veterans (43 counties reporting)
  - Rural: $48,906,045 claims money recovered (30 counties reporting)
  - Urban: $81,442,269 claims money recovered (13 counties reporting)

The directors use a variety of methods to assist veterans. More than 50 percent of directors meet in-person with veterans to provide assistance. CVAOs in rural counties were more likely to assist veterans in-person, at a rate of 59 percent, compared to 44 percent for their urban counterparts. Telephone was the next most popular method for all counties (32 percent), followed by email (4 percent). Urban directors were more likely to assist veterans via telephone than rural directors, at a rate of 47 percent versus 28 percent, respectively.

CVAO directors also reported that the wait time from making a request and meeting to discuss those needs is short. Overall, 98 percent of directors reported that veterans had to wait less than two weeks to get an appointment with someone in their office. Seventy-three percent of rural directors said veterans had to wait less than one week and 24 percent said veterans waited one to two weeks to get an appointment to discuss their needs. Urban directors reported shorter wait times than their rural counterparts with 86 percent indicating veterans had to wait less than one week and 14 percent indicating a one-to-two week waiting period.

Meeting the Needs of Veterans

When asked if they believed that existing county services are meeting the needs of veterans, the respondents overwhelming indicated that they were, with 90 percent reporting a response of “very well” or “well.”

Act 66 of 2007

Only five (11 percent) directors reported witnessing any impact of Act 66 in increasing services to rural veterans over the past 3 years. Of those five directors, two (40 percent) indicated that Act 66 positively impacted the county workload and another two (40 percent) indicated a negative impact.

Table 4: CVAOs Budget Detail, Rural and Urban

	All counties		Rural counties		Urban counties	
Budget Items	**Average**	**# of Counties Reporting**	**Average**	**# of Counties Reporting**	**Average**	**# of Counties Reporting**
Total Budget	$160,615	40	$99,583	28	$303,024	12
Total Salaries/Benefits	$64,413	39	$40,916	28	$124,223	11
Total Capital Expenses	$4,883	33	$6,860	24	$167	9
Total Operating Expenses	$101,493	34	$76,206	24	$162,180	10
Total Other Expenses	$72,674	30	$95,498	22	$9,910	8

Budget

The respondents were asked to share information on the most recently completed fiscal year for their total budget, salaries/benefits, capital expenses, operating expenses, and other expenses. Only 40 (28 rural/12 urban) shared this information.

The following definitions were provided to directors:

- Personnel costs are the business expenses associated with covering the costs of employees. Personnel costs include payroll, employee benefits, and pension contributions and are a subset of operational costs.
- Capital costs are defined as business expenses for fixed assets or "hard infrastructure," like buildings and equipment. Capital expenses are not used for ordinary day-to-day operating expenses of a business, like rent, utilities, and insurance. In other words, they are expenses that a business uses to buy assets that have a useful life of more than 1 year.
- Operational costs are business expenses incurred in carrying out an organization's day-to-day activities. Operating expenses include payroll, employee benefits, pension contributions, transportation, travel, and other administrative costs.
- Other expenses included anything that did not fall within one of the previous categories.

The total budget for urban counties was triple that of rural counties, with urban counties reporting an average of $303,024 versus $99,583 for rural counties. The same was true for salaries and benefits, with urban CVAOs spending an average of $124,223 towards those expenses compared to rural CVAOs spending an average of $40,916. However, capital expenses were much higher for rural CVAOs than urban CVAOs; rural counties reported an average of $6,860 contrasted with $167 for urban counties. Urban office operating expenses were more than two times greater than rural offices, with urban CVAOs reporting an average of $162,180 compared to rural CVAOs with $76,206. Lastly, rural CVAOs noted an average of $95,498 for other expenses, while urban CVAOs noted an average of $9,910 going toward other expenses. Table 4 provides a breakdown of budget detail by urban and rural counties.

Urban directors reported higher annual salaries for 2010 than rural directors. The minimum salary range for rural directors was less than $24,999 per year, compared to a minimum salary of $25,000 to $34,999 for urban directors. The maximum salary range for rural directors was $45,000 to $54,999 per year compared to urban directors, who reported a maximum salary range of $55,000 or more. Figure 1 depicts these rural and urban differences.

Training of Service Providers

Ninety-six percent of directors of CVAOs are accredited to process claims pursuant to 38 U.S.C. Section 5902 and

Figure 1: CVAO Directors' Salary Ranges, Rural and Urban

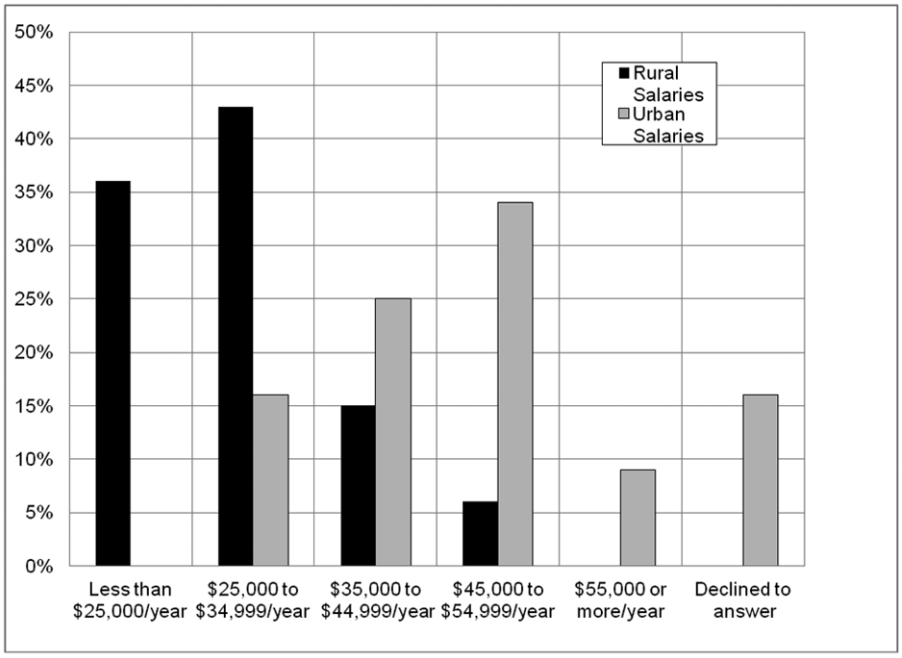


Table 5: Types of Outreach, Rural and Urban

Type of Outreach	All counties	Rural counties	Urban counties
Presentations	82%	78%	93%
Public outreach clinics or meetings	82%	84%	79%
Home visits	59%	62%	50%
Nursing home visits	77%	70%	9%
Funeral home visits	29%	35%	14%
Placing information on benefits in newspaper, radio, or television	67%	70%	57%
Literature in public places	65%	68%	57%
Direct mailings	29%	24%	43%
Emails	35%	32%	43%
Website	57%	51%	71%
Other	28%	24%	36%

Note: Totals do not add up to 100% due to multiple response options.

38 C.F.R. Section 14.628(c) for the purpose of claimant representation before the VA. When looking at rural and urban status, 97 percent of rural counties and 92 percent of urban counties reported this accreditation.

Of the directors that are accredited, 80 percent received accreditation from the Pennsylvania DMVA, 15 percent received accreditation from the National County Veterans' Service Officer Training, 2 percent from an ISVO and 2 percent from other organizations.

Regardless of whether or not the CVAO director is accredited to process claims pursuant to 38 U.S.C. Section 5902 and 38 C.F.R. Section 14.628 (c), most directors felt they had adequate training and support to fulfill their position as a county veterans affairs director (94 percent).

Outreach

CVAOs use a variety of methods to inform veterans about the availability of benefits. The top methods for rural counties are: public outreach clinics or meetings (84 percent), presentations (78 percent), nursing home visits (70 percent), and placing information on benefits in newspapers, radio, or television (70 percent). Urban counties reported the following top outreach strategies: presentations (93 percent), nursing home visits (93 percent), public outreach clinics or meetings (79 percent), and websites (71 percent) (See Table 5).

Directors reported many challenges in serving veterans. The greatest challenge was the inability to track claims for clients, with a mean score of 3.14 based on a scale of 1 to 5, where 1 is not difficult and 5 is extremely difficult. The challenge that was rated second highest was the lack of information to regional claims processing data with a mean score of 2.93. This was followed by the lack of staff (2.89). When analyzing by rural and urban status, rural counties noted the same top three challenges. However, urban counties indicated that lack of statutory basis was the greatest challenge, followed by lack of information to regional claims processing data and lack of staff (See Table 6).

Table 6: CVAO Directors' Challenges in Serving Veterans, Rural and Urban

Challenges	All (Mean)	Rural (Mean)	Urban (Mean)
Inability to track claims for clients	3.14	3.36	2.45
Lack of information to regional claims processing data	2.93	3.06	2.62
Lack of staff	2.89	3.00	2.62
Lack of statutory basis	2.56	2.48	2.78
Lack of funds	2.47	2.47	2.46
Lack of local support	2.17	2.32	1.83

CVAOs collaborate with a number of other offices to provide services to veterans. The top three agencies were the Pennsylvania VA Medical Center (38 percent), followed by long-term-care facilities (27 percent), and county human service offices (15 percent). Similar collaboration percentages were found by rural and urban status (See Table 7).

Administrative Data on Veteran Compensation

The study team reviewed statewide and county-level administrative claims data from the Pennsylvania DMVA for fiscal year 2010-2011. The data summarize service-connected disability compensation, non-service connected disability pensions (a needs-based financial benefit that is geared towards seniors with high medical expenses,) and one-time payments of awards as they accumulated while cases were being decided. This is the only source of data on claims and claims recovery that is available uniformly for every county. There are some cautions, however, when using the data.

One of the difficulties in analyzing claims data is that the unit of analysis is the number of claims – not the number of individual veterans assisted. Another difficulty in analyzing this data is that the data can include large payouts that can go back as far as 20 years or more[16]. There is no way to disaggregate the specific years or number of claims from previous years and caution is needed in placing too much certainty in judgments concerning this data. These reporting difficulties support the need to improve the collection and reporting systems to better monitor measureable outcomes.

The data were available and compared for CVAOs, IVSOs and claims processed directly by veterans service officers of the DMVA. The

16. Based on the Nehmer case (http://www.nvlsp.org/Information/ArticleLibrary/AgentOrange/AO-retrobenefitrules.htm, December 2001).

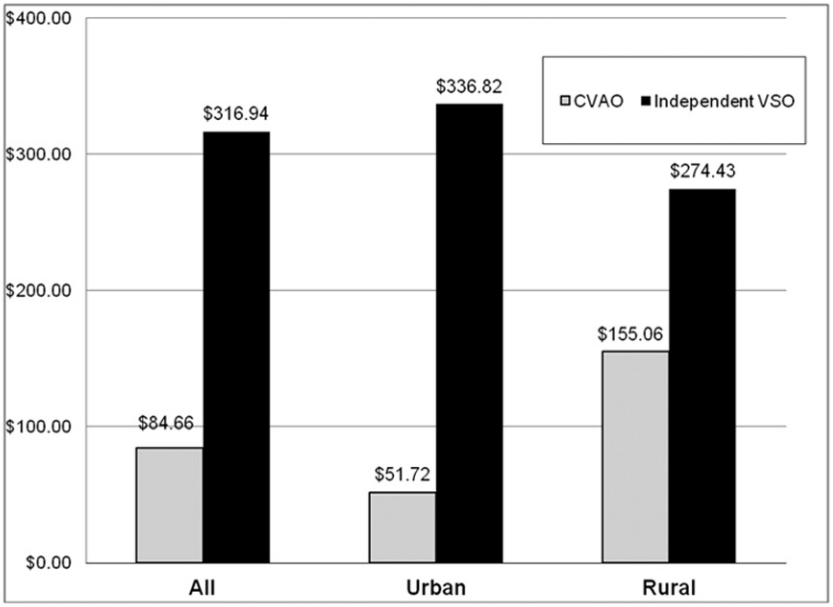
Table 7: CVAO Directors' Collaboration with Other Offices, Rural and Urban

Office	All counties	Rural counties	Urban Counties
County human service offices	15%	15%	16%
Mental health treatment programs	5%	6%	1%
Criminal justice agencies	3%	3%	1%
Court system	2%	1%	4%
Long term care facilities	27%	30%	20%
Drug treatment programs	0%	0%	0%
Hospice	1%	1%	1%
PA VA Medical Center	38%	38%	39%
United Way	1%	0%	3%
Other human service	8%	6%	16%

data show that counties recovered a total of $81,792,524, representing some 6,920 claims. During this same period IVSOs recovered a total of $306,290,942, representing some 26,134 claims. DMVA veterans service officers recovered a total of $8,241,160, representing some 628 claims.

To compare the extent to which veterans are being served by county, the study team calculated the recovered amount per veteran population for CVAOs and IVSOs. The analysis showed a wide variation from county to county. CVAOs recovered a high of $611 per capita in Clinton County to a low of none to negligible compensation for 10 counties. IVSOs recovered a high of $886 per capita in Fayette County to a low of $58 per capita in Clinton County.

Figure 2: Average Recovery Per Capita, Rural and Urban



Source: Pennsylvania DMVA.

For the rural/urban analysis, the study team found that CVAOs recovered an average of $156 per capita in rural counties compared to $277 per capita for IVSOs. CVAOs recovered an average of $52 per capita in urban counties compared to $377 per capita for IVSOs (See Figure 2).

The DMVA reports that some CVAOs elect to have IVSOs process claims for veterans in their county, which would explain the low or zero compensation recovered in Montgomery, Westmoreland, Allegheny, Philadelphia, Delaware, Cameron, Chester, Sullivan, Wayne, and Wyoming Counties.

Conclusions

Several themes emerged from the stakeholder interviews, the CVAO directors survey, and the veterans focus groups. One theme was the idea that veterans who apply for services do receive them, and are satisfied with their experiences. While participants are reportedly satisfied, data on the rate of benefit collections and the variability in collections between counties and IVSOs suggest that there may be opportunities for improving the process and the rate of claim returns at the county level.

Another theme was the challenge that the commonwealth is currently facing in simply reaching Pennsylvania veterans. According to one estimate, the DMVA is currently only serving 10 percent of Pennsylvania's veterans. So, if the system works but the results are not stellar, then the problem must stem from the number of individuals who apply to that system and how the system responds to those individuals.

A key policy question coming into this study was the impact of Act 66 of 2007 on the provision of veteran services, particularly in rural Pennsylvania. Findings on this issue were mixed. Sixty percent of CVAOs did not witness positive or negative impacts of Act 66 while key informants interviewed saw positive outcomes for the provision of veteran services as Act 66 helped to lay the groundwork for expansion and redistribution of services. BG (PA) General Gould indicated that, as the administrator of veterans' funds for his agency, he can now request funds as part of the strategic planning process to ensure that specific and identified needs of veterans, such as homelessness and employment, can be better addressed. The only concern that was raised by respondents regarding Act

66 funding was that the IVSOs need to be more accountable in reporting the actual distribution of funds to assist with improved performance measurement.

There is interest by both the County Commissioners Association of Pennsylvania (CCAP) and the Pennsylvania State Association of County Directors of Veterans Affairs in passage of a "county" version of Act 66. Based on the economic climate and the projected ongoing state budgetary deficit, this may not become a legislative reality in the near term; however, creation of such a program would appear to be beneficial. A county Act 66-like initiative would require counties to develop county-based strategic plans that would target specific veteran services based on a comprehensive needs assessment. Funding would then be provided on a competitive basis through grants provided by the DMVA and would enhance current county-based funding. This is in contrast to the current model that is a consumer-demand driven model.

All those interviewed agreed that the communication modes and needs of veterans from different service eras were unique. Older veterans are more comfortable with traditional pen and ink and hard copy text; younger veterans are more likely to access information electronically. Advances in medical treatment have progressively seen wounded veterans surviving injuries that would not have been survivable in earlier conflicts. More recent veterans have more catastrophic injuries that often place more stress on the veterans and their families.

The closure of the Governor's Veterans Outreach and Assistance Centers was viewed as having little, if any, negative impact on the delivery of veteran services. The research found that resources have been better allocated and the demands on the centers have been effectively absorbed by other service providers.

Policy Considerations

The researchers offer the following policy considerations from the study.

Legislation should be introduced to clarify the role and responsibilities of Pennsylvania CVAO directors.

There is a need to amend the current statutory roles and responsibilities of CVAO directors (Pa., Act of Aug. 9, 1955, P.L. 323, No. 130 Cl. 16, Section 1923) to ensure that the statute accurately aligns with the appropriate level of assistance required at the county level to support veterans. There is strong interest in ensuring that the statutes are clear about the minimum requirements that personnel who fill those roles must possess. The current county statute for county veterans affairs directors does not require certification and allows county commissioners to set the qualifications for terms of hire. Even though 96 percent of CVAO directors are currently certified, certification is voluntary, not mandatory. There is not a significant difference between rural and urban settings, and a large majority of those who have certification received training from the DMVA. However, with the increased complexity of the claims filing process, it is important that certification becomes mandatory and standardized for all CVAO directors so that veterans receive a consistent processing level while applying for benefits.

Furthermore, the current statutory duties of the county director are limited to the provision and placement of headstone and grave markers, assisting with the transmittal of burial records to the DMVA, and serving as a contact for veterans and their families on VA matters. However, as evidenced by the county directors' survey, 70 percent of the actual county workload is related to claims processing and verification.

Legislation has been introduced (SB 345) that would amend the existing county code to include the qualifications for appointment as a director for county veterans affairs and would expand the roles and responsibilities of the position to more adequately describe the complexity of preparing and filing veterans claims. The bill also would require the DMVA to provide annual training and refresher courses, 5-year recertification as required by the VA, and establishment of a training records retention program.

The DMVA should explore the implementation of various funding-generation initiatives for veterans programs.

The DMVA should explore the feasibility of developing alternative funding strategies, including a veteran foundation, which could work to leverage public and private dollars for the delivery of services for Pennsylvania veterans. DMVA should work with the CCAP to explore the feasibility of developing viable alternative revenue streams to support county veterans affairs programs and staffing. In other states, lottery programs have been shown to be extremely viable methods of fundraising.

Additionally, veteran foundations serve a valuable role in providing services and resources for today's veterans. Some foundations are established via legislation and in direct support of the state VA office. Others are apart from state government and administered by veteran interest groups. All are incorporated as not-for-profit corporations for charitable and educational purposes. While federal government and state governments already have existing support organizations, such as DMVA, veterans needs have exceeded the ability of those agencies to fund programs necessary for their care. (*Note: In 2012, Senate Bill 1531 was introduced. It would amend Titles 51 (Military Affairs) and 75 (Vehicles) of the Pennsylvania Consolidated Statutes to establish a Pennsylvania Veterans Trust Fund and provide for special plates for veterans.)*

There should be a coordination of resources to ensure there is adequate staff to support the needs of veterans.

CCAP should work with the county commissioners to conduct workload assessments of the CVAOs to determine staffing and resource needs. Focus group participants reported that claims were often delayed due to lack of funding, limited support staff, staff turnover, and limited automation. Both rural and urban directors cited insufficient staffing as one of the top challenges to adequately perform their duties. The mean number of full-time staff members in the office was 1.54 persons. However, when looking at rural and urban offices, there was a significant difference. Urban offices were staffed with an average of 2.71 full-time individuals compared to rural offices with an average of 1.08 full-time individuals. Additionally, 21 percent of rural counties still rely on part-time county veterans affairs directors, who devote 50 percent or less of their time to veterans' issues regardless of the number of veterans who reside in a county. This finding becomes increasingly important in rural counties as veterans in rural areas are more likely to meet personally with their CVAO. Ultimately, however, any determination of appropriate staffing levels must consider performance. Based on the county directors' survey, counties with full-time directors recovered an average of $187 per veteran compared to $13 for directors working part-time on veteran issues. However, this recommendation for base staffing measures should be considered in conjunction with funding strategies to support additional staff.

The DMVA, county veterans affairs directors and other service partners should identify and develop improved strategies for communication and outreach.

According to the research, veterans consistently reported confusion about what benefits were available and how they could access them. These questions persisted regardless of age, rank, gender, need, and/or geography. While there is currently a plethora of information available on veterans benefits in hard copy and electronically, much of it is not prepared in a way that is understandable to veterans and their families because it is not easily accessible, given the channels of communication that they regularly access. Additionally, veterans in the focus groups also reported that they only receive information on the benefits about which they ask. As a result, they often remain unaware of other benefits for which they may be eligible. County veterans affairs directors and other service providers should familiarize veterans about the range of state and federal benefits for which they may be eligible.

The benefits of innovative technologies, such as interactive websites and video outreach, should also be explored. The commonwealth should support the efforts of CCAP to enroll Pennsylvania in comprehensive veterans websites, such as *Network of Care – Veteran,* which provides a one-stop source of available information, legislation, services, and social networking opportunities for veterans. This is especially important for today's generation of veterans who are less likely to join a VFW or other veterans organizations.

State and county veteran officials should also consider developing and implementing a social media communications plan to improve outreach, particularly to younger veterans who tend to be more technology-savvy and not as easily reached through traditional communication channels.

Develop a "self-service" claims tracking system for Pennsylvania veterans.

A self-service system would be similar to a Fed Ex or UPS tracking number and would allow claimants to track the status of their claims in the VA claims process. Currently, veterans are reliant on contacting the county, state, or VA regional office in Pittsburgh or Philadelphia to confirm the status of a claim and receive a verbal update on claim completion. Creation of a self-service claims tracking system would reduce the burden on county, state, and federal staff and would empower claimants. The inability to track client claims was deemed to be the most significant challenge. The inability to track the status of regional claims processing was deemed to be the second most challenging issue for the completion of directors' job performance.

There must be efficiency in information sharing provided from the federal government.

Provide the CVAOs with access to the federal VA Claims Records Management System. The DMVA should work with the VA to explore the feasibility of providing Pennsylvania county veterans affairs directors with "read only" access to the VA Claims Records Management System so that they can track the processing of veterans claims and can provide veterans with up-do-date information.

The Pennsylvania General Assembly should require the CVAOs to report key performance indicators to the Pennsylvania DMVA annually.

The DMVA, with input from CCAP and the Pennsylvania Association of County Veterans Service Officers, should identify key outcome measures. Key performance measures may include: the number and percentage of veterans receiving state and federal benefits by program and the amounts received, the number of claims filed relative to the county veteran population, and veterans served per staff member. Additionally, to make statistical analysis more accurate and meaningful from a policy standpoint, the unit of measurement must be expanded from only us-

ing the number and dollar amount of claims to the number of unduplicated veterans assisted.

Once the department has collected data to establish baseline measures, it should consider setting performance goals for the state and counties to monitor service delivery. This effort could be greatly facilitated by the adoption of a common intake form that would collect uniform information and enable the measurement of performance across the state and county veterans services system. The Monthly Report of Contacts and Services form currently used by the New York State Division of Veterans' Affairs provides an good example of a common data collection form (see http://veterans.ny.gov/data.html: NYS Forms, Reports of Contacts and Services).

There must be a consistent approach in identifying and reporting information relative to veterans services.

The Pennsylvania DMVA should develop a user-friendly management information system to collect both state and county veterans performance measures. The Pennsylvania DMVA needs to ensure that the CVAOs collect and report basic veterans information in a consistent manner. The development of a user-friendly records management system would assist both state and county officials in collecting performance measures in an accurate and timely manner. Once a management information system is developed and key performance measures on veterans benefit programs are captured, DMVA should consider creating a digital dashboard as a featured report to its website. The dashboard could provide the veterans community with continuous feedback on total veterans served, claims filed, monies awarded, as well as the profile of veterans receiving benefits and a customer satisfaction survey of clients served. See the New York State Division of Veterans' Affairs homepage for an example of a benefits dashboard (http://veterans.ny.gov/data.html.)

The DMVA should implement a statewide assessment to better understand the needs of Pennsylvania veterans.

As the nature of battlefield injuries has changed, the needs of Pennsylvania veterans have changed also. The DMVA should be flexible to change with those needs. Current veterans have questioned why blindness is considered a state compensable disability, yet posttraumatic stress disorder and traumatic brain disorder are not. Conducting comprehensive needs assessments of the veterans community will allow actual problem areas and needs, rather than history, to dictate service provision and compensation categories.

References

Carlock, D. (2007) *Science and Technology Resources on the Internet: A Guide to Resources for Severely Wounded Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) Veterans*. Arizona State University at the Polytechnic Campus: Mesa, Arizona. www.istl.org/07-fall/internet2.html.

Defense Solutions, LLC. (2007). *A Comprehensive Study and Review of Veteran Services in Pennsylvania*. Report prepared under contract with Pennsylvania Legislative Budget and Finance Committee, A Joint Committee of the Pennsylvania General Assembly and conducted pursuant to SR 124 and SR 131 of 2005.

Kaiser Family Foundation. (2011) Different Takes: Shifting Vets from Medicaid to the VA is a Win-Win. *Kaiser Health News*, 9 Nov. 2011. Web. 29 Dec. 2011. http://www.kaiserhealthnews.org/stories/2011/nov/09/different-takes-main-page.aspx.

Pennsylvania Act of Aug. 9, 1955, P.L. 323, No. 130 Cl. 16, Section 1923.

Pennsylvania Department of Military and Veterans Affairs. Veterans' Service Organization, Veterans' Service Officer Grant Program, Executive Summary FY08/09 and FY09/10.

Pennsylvania Legislative Budget and Finance Committee. (1991). *Study of the Administration of Commonwealth Veterans Programs*.

Pennsylvania Veterans' Breakfasts. Conducted by Auditor General Jack Wagner, Spring-Fall 2005.

Pew Research Center. (2012) Generations 2010. Pew Internet, 16 Dec. 2010. Web. 9 Feb. 2012. http://perinternet.org/Reports/2010/Generations-2010.aspx.

Senate Bill 915 of Session 2007 (Act 66) of the General Assembly of Pennsylvania.

Tompkins, R.; Dunkley, C.; Orr, T.; Smith, J.; Carpenter, B.; Rossiter, L. – Computer Aid, Inc., First Chesapeake Group. (2009). *Veterans Homes Needs Assessment and Feasibility Study Of Additional Veterans Homes.* Report prepared under contract with Pennsylvania Department of Military and Veterans Affairs (RFP-DMVA-2007-02-VANA).

U.S. Census Bureau. 2005-2009 American Community Survey 5 Year Estimates. Washington, DC 2010.

U.S. Code 38 §101(2).

U.S. Department of Veteran Affairs. (May 2005). *Review of State Variance in VA Compensation Payments*. Report No. 05-00765-137.

U.S. Department of Veterans Affairs. (August 2009). *State Summary: Pennsylvania and the US Department of Veterans Affairs.*

U.S. Department of Veterans Affairs. (2008) Veteran Population Model: VetPop 2007. Washington, DC.

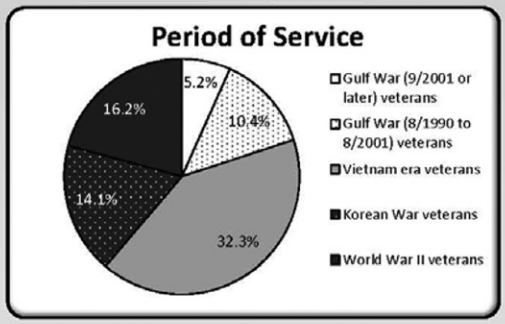
Appendix - Veteran Demographic Profile for Pennsylvania

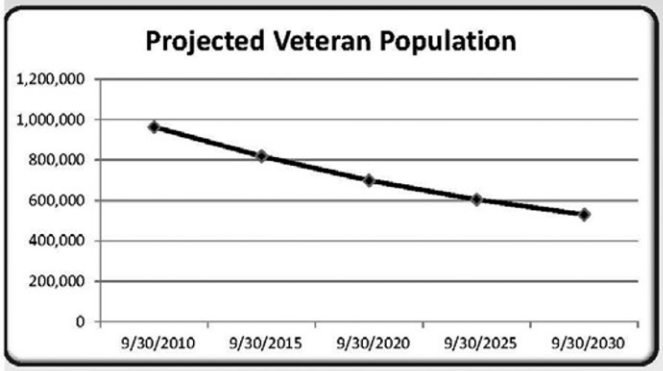
Note: County-level veteran demographic profiles are available on the Center for Rural Pennsylvania's website at www.rural.palegislature.us.

Total - Total civilian population 18 years and over
Veterans - Veteran population 18 years and over

Population	
Total civilian 18 years and over	9,693,447
Total veteran 18 years and over	1,049,923
VetPop 2010	964,132

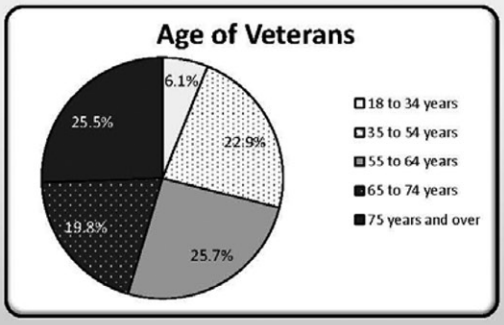
Gender		
	Total	Veterans
Male	47.8%	94.6%
Female	52.2%	5.4%



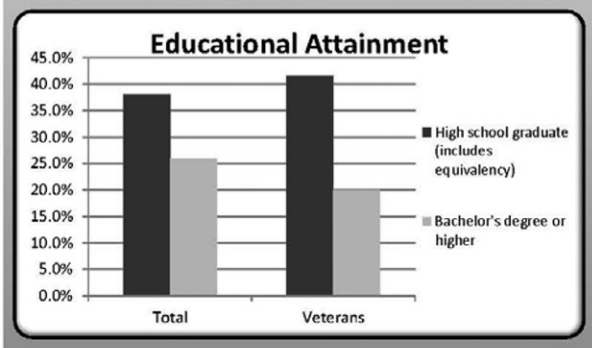


Race/Ethnicity		
	Total	Veterans
One race	99.2%	99.4%
White	85.6%	90.7%
Black or African American	9.5%	7.7%
American Indian and Alaska Native	0.1%	0.2%
Asian	2.3%	0.3%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%
Some other race	1.7%	0.5%
Two or more races	0.8%	0.6%
Hispanic or Latino (of any race)	3.8%	1.5%
White alone, not Hispanic or Latino	83.7%	89.8%

Age		
	Total	Veterans
18 to 34 years	27.7%	6.1%
35 to 54 years	37.6%	22.9%
55 to 64 years	15.0%	25.7%
65 to 74 years	9.4%	19.8%
75 years and over	10.3%	25.5%



Educational Attainment		
	Total	Veterans
Civilian population 25 years and over	8,502,785	1,038,273
Less than high school graduate	13.1%	12.4%
High school graduate (includes equivalency)	38.1%	41.6%
Some college or associate's degree	22.8%	25.9%
Bachelor's degree or higher	26.0%	20.1%



Median Income in the past 12 months (in 2009 inflation-adjusted dollars)		
	Total	Veterans
Civilian population 18 years and over with income	$25,677	$32,478

Employment Status		
	Total	Veterans
Civilian population 18 to 64 years	7,781,883	573,384
Labor force participation rate	76.3%	76.3%
Civilian labor force 18 to 64 years	5,936,183	437,501
Unemployment rate	6.5%	5.9%

Data Sources: U.S. Census Bureau American Community Survey 2005-2009
Department of Veterans Affairs VetPop 2007

Prepared for The Center for Rural Pennsylvania by The Pennsylvania State Data Center

The Center for Rural Pennsylvania
Board of Directors

Chairman
Senator Gene Yaw

Treasurer
Senator John Wozniak

Secretary
Dr. Nancy Falvo
Clarion University

Representative Garth D. Everett

Representative Rick Mirabito

Dr. Livingston Alexander
University of Pittsburgh

Dr. Theodore R. Alter
Pennsylvania State University

Stephen M. Brame
Governor's Representative

Taylor A. Doebler III
Governor's Representative

Dr. Stephan J. Goetz
Northeast Regional Center
for Rural Development

Dr. Karen M. Whitney
Clarion University

The Center for Rural Pennsylvania
625 Forster St., Room 902
Harrisburg, PA 17120
Phone: (717) 787-9555
Fax: (717) 772-3587
www.rural.palegislature.us
1P0712– 450