

# Virginia Department of Veterans Services

## Town Hall Meetings Summary Report

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## Agency Overview

The Virginia Department of Veterans Services (DVS) was established in 2003. Prior to 2003, veterans services in Virginia were fragmented among the former Department of Veterans Affairs, which operated the benefits and cemeteries programs; the Virginia Veterans Care Center, which was operated by a series of contractors under the supervision of a Board of Trustees; and the Department of Education, which oversaw the activities of the State Approving Agency for Veterans Education.

The Department of Veteran Services is organized into four service delivery branches – benefits, cemeteries, care centers, and veterans' education – and an administrative section. Integral components of the Department of Veterans Services' team are the three board-type entities – the Boards of Veterans Services, the Joint Leadership Council of Veterans Service Organizations, and the Veterans Services Foundation, that work collaboratively to support the effective delivery of services to Virginia's veterans.

The Benefit Services section assists veterans of the armed forces and their dependents in obtaining entitlement benefits from the U. S. Department of Veterans Affairs. In addition to the services offered at the section headquarters in Roanoke, the Benefit Services section operates 19 field offices throughout the Commonwealth, with two additional field offices scheduled to open in the near future.

Virginia's veterans cemeteries provide burial and perpetual care services to veterans and eligible dependents. The Virginia Veterans Cemetery, in Amelia, is a 129-acre facility. The Albert G. Horton, Jr. Memorial Veterans Cemetery, in Suffolk, is a 73-acre facility.

The Virginia Veterans Care Center, located adjacent to the Salem VA Medical Center, is a 240-bed facility that provides long-term skilled care and assisted living services to veterans of the armed forces. The 160-bed Sitter- Barfoot Veterans Care Center, located adjacent to the McGuire VA Medical Center in Richmond, is expected to be complete before the end of 2007.

The State Approving Agency (SAA) for Veterans Education reviews and approves post secondary education programs operating in the Commonwealth, ensuring the programs meet strict federal qualification guidelines. Veterans may only use their G.I. Bill and other educational benefits at programs approved by the SAA.

## Background

The Virginia Department of Veterans Services conducted town hall meetings in response to Governor Kaine's Executive Order 19. This executive order directs DVS and other state agencies to improve services to the state's veterans, especially disabled veterans.

DVS identified four primary areas of focus:

1. Outreach and communication with Virginia's veterans: How can we reach veterans and what information do they need and want?
2. Quality of life for all veterans: What are the needs of veterans, especially in terms of health care, services from state government agencies, and outreach to veterans who are homeless, incarcerated, or hospitalized?
3. Workforce development: How can we ensure that employment opportunities are available to veterans and how can we ensure that the private sector has access to the veteran labor pool. What can we do to assist veteran-owned businesses?
4. Technology: How can we use technology to communicate with and deliver services to veterans?

## Meeting Overview

Meetings were held at Abingdon, Fredericksburg Richmond, Roanoke, and Suffolk between the dates of March 1 and March 15. Each meeting was conducted after 6 pm and was scheduled for two hours.

DVS prepared and distributed flyers announcing dates, times and locations for the five regional town hall meetings. Announcements were sent electronically to all DVS benefits offices, Veterans Affairs offices in Virginia and veterans service organizations for distribution. A total of one hundred forty five people attended the sessions and included representatives from state and federal agencies, veterans service organizations (VSOs), nonprofit organizations, retired and active servicemen and women and spouses of veterans.

Each participant received a handout explaining the meeting purpose, the four primary areas of focus and an overview of the meeting process (see Appendix A).

Each session gathered information concerning:

1. What currently works well in delivering state government services to veterans and what are the best practices in place?
2. What are the critical barriers to serving veterans and what are the most important issues facing veterans?

3. Recommendations for future action to improve state government services to veterans.

DVS staff attended each meeting to help answer participant questions. Each meeting was facilitated and documented by faculty from Virginia Commonwealth University's (VCU) Office of Public Policy Training. Participant comments were captured using easels and large flip charts.

## Preparation of the Summary Report

VCU staff prepared summary reports for each session documenting participant comments. Comments were organized to indicate what is currently working well to meet veteran's needs; critical barriers to be addressed; and recommendations for action.

Upon completion of the sessions, all comments were transcribed and grouped by VCU staff into similar categories to identify key messages. This report provides a description of issues and recommendations that resonated among all five sessions as well as issues that were unique to specific regions.

## Issues and Recommendations

Each town hall meeting focused on soliciting comments about current DVS services and how the agency could better address veteran's needs. Participants discussed DVS services but the majority of comments concerned services provided by the United States Department of Veterans Affairs (VA).

### ***What Currently is Working Well to Meet Veteran's Needs***

Each meeting began with a discussion of what was working well to meet the needs of Virginia's veterans. The discussions were short-lived as it became evident that the participants were more interested in discussing unresolved issues and making recommendations for changes. Some positive comments were voiced.

**Assistance in filing and tracking claims.** Participants who contacted DVS for help in filing and tracking claims voiced appreciation for the assistance provided. They noted that staff were informed and helpful and provided a valuable link to the VA that helped them gain needed information and benefits.

**Communicating with veterans using a variety of methods.** A variety of avenues are being used to provide information to veterans on relevant issues and opportunities. DVS and VA websites, and their associated links to other organizations, are useful methods for gaining information on veteran benefits for those who have internet access. Emails, direct mail, newspaper articles, and newsletters and telephone calls from veteran service organizations are also effective communication methods.

**Medical facilities and services for veterans.** Several participants expressed satisfaction with medical and mental health services provided by VA hospitals and outpatient clinics. The DVS Virginia Veterans Care Center was noted for its effective provision of skilled nursing home services. Participants close to facilities and clinics noted the convenience of access.

**State government support for veterans.** Several participants expressed appreciation for state government hiring preferences for veterans, especially those who are disabled. State agencies are also supportive when members of the National Guard or Reserves are called up for active duty. The Virginia Employment Commission (VEC) and Department of Rehabilitative Services (DRS) have dedicated staff and programs to assist veterans, including those with disabilities. Executive Order 19 indicates that veterans are a state priority.

**Transition Assistance Program (TAP).** The TAP program, initiated by the military in 1991, provides valuable information to military personnel shortly before they return to civilian life. The VEC actively participates in TAP sessions on military bases and DVS contributes information and assistance as well.

**Education benefits.** Education benefits provided to veterans and their dependents through the GI Bill were cited as a valuable benefit. This assistance helps individuals gain education and training assistance and improves their ability to gain employment and support themselves and their families.

### ***Critical Issues to be Addressed***

Several critical issues were voiced consistently across the five town hall meetings:

**Poor understanding of DVS and its services.** Most participants indicated they were unaware of DVS and the services that it provides. The majority of participants attended the meeting because they thought it was an opportunity to express their concerns regarding VA services and policies. DVS has been in existence for only four years and it is clear that many veterans are unaware of its existence and how it might benefit them.

**Difficulty in getting information to all veterans.** It is difficult to provide information to all of Virginia's veterans. Veterans who left the military before 1991 did not have access to the TAP program. Veteran service organizations provide information to their members but younger veterans typically are not members. Local branches of veteran services organizations do not have ready access to names and contact information of veterans in their areas which hampers outreach efforts.

Participants indicated the TAP program has improved access to information but noted that many veterans are so anxious to return home that they do not process all the information that they receive. There is no scheduled follow-up six to twelve months later to provide additional information.

**Few state benefits for veterans.** Participants noted that Virginia had the fourth highest number of residents who were veterans among all states but ranked near the bottom in state benefits provided. Participants indicated that other states provided veterans with a variety of tax breaks and incentives and reduced fees for licenses and state-provided services.

**Long waiting period for VA claims processing.** Considerable frustration was voiced regarding the long wait to receive a response from the VA when a claim is submitted. DVS staff currently informs claimants they should expect a twelve month wait for most responses due to a high backlog on unprocessed claims at the VA. One participant indicated that it has taken him seven years to have his appeal heard regarding the rejection of his benefit claim. Extended delays place undue stress on veterans and their families, many of whom have no other recourse due to lack of insurance or other factors.

**Confusing VA policies and procedures.** Participants reported VA policies and procedures are very confusing and difficult to understand. Several instances were cited concerning contradictory decisions being made by VA staff on the same claim depending upon individual interpretations of policies. Access to services is sometimes denied due to individual or family income limitations. Veterans and their families view these limitations as unfair and would prefer to have access tied to years of military service, not income.

Federal agencies define disability in different ways and utilize different standards for determining access to assistance. Several veterans voiced dissatisfaction with VA policies regarding medical exams for claims to increase disability benefits. A medical exam is required by a doctor the veteran has not seen before and the medical opinion provided by the patients' regular doctor can be overruled.

VA policies and procedures are complex and ever changing. It is difficult for DVS staff to keep abreast of changing regulations and procedures. New DVS claim agents require several years of training and experience to reach their full capacity to assist veterans.

**Inappropriate time periods for claims coverage.** Veterans must file a claim within two years of leaving military service or their claim will be automatically denied. Participants indicated that it is quite possible for a legitimate service-related medical or mental health need to surface after two years.

**Inadequate medical facilities and services for veterans and their families.** Many veterans, especially older veterans, are totally reliant on the VA for medical and mental health services. These veterans either are unable to afford private insurance or unable to get coverage due to preexisting conditions.

Some veterans expressed satisfaction with medical and mental health services provided through VA facilities but many participants voiced concerns regarding the quality of

provided services. Some veterans indicated they experienced long waits within VA facilities due to inadequate staffing or equipment breakdowns. Frustration was expressed concerning the minimal amount of time most patients spent with a doctor due to demands on the physician's time or the delivery of services by other medical personnel, such as nurse practitioners.

Veterans who do not live within close proximity of the major VA medical facilities experience long travel times to access services. Veterans in rural areas do not have access to public transportation and transportation by ambulance is not always reimbursed by the VA. Few outpatient clinics exist in rural localities. Counseling services and support groups for veterans and their family members are especially difficult to obtain in rural areas.

Proximity to a VA facility does not always assure ready access to needed services. Participants at the Roanoke session indicated it was not uncommon for a patient to arrive at the VA hospital and be deferred to another medical facility due to a lack of staff or beds. Those arriving at the VA hospital by ambulance indicated it was difficult to receive reimbursement for transportation costs when deferred to another facility.

Concern was expressed regarding the ability of the VA system to meet the needs of veterans who served during the Gulf wars, in Afghanistan and Iraq. An already burdened health care system may not be able to respond adequately to a growing number of veterans needing care. Many young veterans are returning with significant injuries resulting from explosions who will require long-term therapy and employment assistance. It was also noted that there is an increasing number of women veterans which have different needs that must be met.

**Inadequate access to medical records and information.** Participants indicated that it was very difficult, if not impossible, to gain access to their complete medical records when requested. Privacy regulations prevent the sharing of information with other medical facilities and personnel. Several participants indicated that their military service information and/or medical records were lost and it was extremely difficult for them to complete all the steps necessary to gain access to VA services and benefits. Concern was expressed by some veterans that their electronic records may not be secure.

**Confusing GI Bill education benefit policies.** Several participants at the Richmond meeting voiced frustration concerning education benefits. Money provided to veterans for tuition was regarded as income by college and university financial aid offices and reduced the amount of financial assistance provided by those institutions. In some instances, veterans were required to reimburse institutions who provided financial aid after the institutions were informed the student was receiving GI Bill education benefits.

### **Recommendations for Action**

Several recommendations were offered that were similar across all five meetings:

**Increase DVS visibility and awareness.** DVS services are not adequately recognized by veterans, their family members and survivors. DVS should increase its education and outreach efforts across the state through partnerships with state and local veteran service organizations, the TAP program, the National Guard and Reserves, and other relevant organizations. DVS should also send information directly to all returning veterans after they return home. Increased DVS visibility will result in the need for additional highly skilled and experienced benefits agents.

The internet can be a powerful tool for DVS and other agencies for outreach and education, especially for younger veterans. DVS and other web pages should be advertised to raise awareness about their availability and use. Organizations should ensure that their web pages are linked to other veteran service agencies and organizations and sources of information of interest and use to veterans.

Periodic newsletters, e-mails and newspaper articles can be effective methods for increasing awareness of DVS services and informing veterans and their families about relevant issues.

**Increase outreach efforts for returning veterans.** The TAP program is useful but is inadequate to meet the needs of returning veterans by itself. Returning veterans should be contacted at regularly scheduled intervals after their return to civilian life and provided information on available benefits and services. Participants indicated contact at approximately six months and twelve months after they return home would be useful.

DVS should develop a database of Virginia's veterans, especially younger veterans. Contact information for returning veterans should be provided to local VSOs to enable them to conduct outreach to veterans in their localities.

**Improve communication and linkages between federal, state and local organizations and military facilities.** Federal, state and local organizations should continue to build effective working relationships with one another and increase linkages and partnerships with military facilities. Each organization should have knowledge of and ready access to information about other relevant organizations to provide to veterans who contact them. This knowledge and information would increase the ability of agency staff to refer veterans and their families for appropriate assistance. The VEC, DVS, Social Security Administration and other governmental agencies should establish automatic referral systems for veterans who contact them.

Virginia is one of the few states that do not have a Federal Women's Coordinator and the state should request that one be created. Benefit coordinators and family assistance counselors should be available at all National Guard armories for referrals and assistance.

Stronger linkages should be established between local and regional providers of medical and mental health services and state veteran's agencies and VSOs. Community Services Boards, nonprofit organizations and other community-based groups can provide a valuable link to services that can supplement services provided through the VA.

DVS, VEC and other state agencies providing assistance to veterans should partner to provide veteran benefits seminars and presentations at local VSOs, National Guard armories, military bases and other locations convenient to veterans and their families.

Establish a 1-800 number that veterans and family members can use to gain access to information and referrals for services.

**Increase state veteran's benefits.** Virginia should expand the range and amount of benefits it provides to veterans. The state should consider reduction or elimination of common fees (re: driver or hunting licenses) and taxes.

State hiring preferences for veterans should be retained and expanded, especially for disabled veterans. The state should explore the feasibility of creating support groups for veterans in state employ.

The state should partner with the military to establish credentialing programs that recognize military training and experience. For example, a veteran with training and experience driving large military vehicles would be automatically eligible to apply for a commercial driver's license. Colleges and universities could establish standards and procedures that would provide credit hours toward degrees for relevant military training. Financial assistance provided through the GI bill for education should not be considered income by higher education financial aid offices.

DVS should increase the number of veteran's cemeteries across the state. Additional state operated veteran care centers should be built to provide skilled nursing home services.

**Increase state advocacy for veterans.** DVS should play a more important advocacy role for Virginia's veterans. DVS can provide a link between VSOs and other state agencies to gather information on veteran's needs, identify gaps in services and propose plans of action.

DVS should continue to work closely with the Joint Leadership Council to address veteran's needs. DVS should also support the efforts of the Governor to work with other states and national organizations to improve federal responses to veteran's needs.

**Expand career development assistance.** Increase efforts to encourage employers to hire veterans, especially disabled veterans. Provide education benefits and job training and assistance to spouses of disabled veterans to help them gain employment.

**Eliminate the backlog of VA claims.** The VA needs to eliminate the backlog of claims that is creating intolerable waiting periods for those who are eligible to receive veteran's benefits. Paperwork and procedures should be simplified to help speed up the claims process for applicants as well as claims reviewers.

DVS should increase its ability to help veterans appeal denied claims and find affordable legal representation when appeals are heard.

**Increase access to VA services and facilities.** Existing VA medical facilities should increase their capacity to meet the medical and mental health needs of Virginia's veterans and their families. Support for family members of returning veterans should be increased to help them and the veteran transitioning back into civilian life.

The VA should increase the availability of services in rural areas through outpatient clinics to reduce long travel times for veterans and their family members. Utilize local VSO buildings or other community facilities to provide support groups that can meet at times that are convenient for veterans and their family members, such as evening and weekends.

**Increase access to information.** Veterans should be able to gain access to all of their non-classified military and medical records upon request.

## Appendix A

# Virginia Department of Veterans Services

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Richmond, Virginia 23219  
www.virginiaforveterans.com

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## Veterans Town Hall Meeting

The Virginia Department of Veterans Services (DVS) is holding this town hall meeting in response to Governor Kaine’s Executive Order 19. This executive order directs DVS and other state agencies to improve services to the state’s veterans, especially disabled veterans.

DVS has identified four primary areas of focus:

5. Outreach and communication with Virginia’s veterans: How can we reach veterans and what information do they need and want?
6. Quality of life for all veterans: What are the needs of veterans, especially in terms of health care, services from state government agencies, and outreach to veterans who are homeless, incarcerated, or hospitalized?
7. Workforce development: How can we ensure that employment opportunities are available to veterans and how can we ensure that the private sector has access to the veteran labor pool. What can we do to assist veteran-owned businesses?
8. Technology: How can we use technology to communicate with and deliver services to veterans?

### Session Overview

Our primary objective today is to gather as much information as possible on the following:

4. What currently works well in delivering state government services to veterans and what are the best practices in place?
5. What are the critical barriers to serving veterans and what are the most important issues facing veterans?
6. Recommendations for future action to improve state government services to veterans.

### **Ground Rules**

The discussion process used during this meeting is designed to be productive and maximize everyone's participation – but we need your help to make it work. The following ground rules will ensure that each of you is able to share your views and be heard in a respectful, meaningful way:

- A. Each person's perspective has value – listen and speak respectfully
- B. It is all right to disagree – people's experiences differ – but not be disagreeable
- C. Be as specific as possible in your comments – we want “sharp”, not “fuzzy” ideas  
*fuzzy idea – improve communication among agencies*  
*sharp idea – convene quarterly interagency meetings to review issues and progress*
- D. If you volunteer to serve as a scribe for your group, capture everyone's ideas as presented without editing – please print
- E. Please turn all cell phones, pagers and electronic devices to inaudible

DVS staff members are available to answer questions about state government services.

If you have further comments at the end of this session, please send them to:

[OPPT@vcu.edu](mailto:OPPT@vcu.edu) or VCU, Office of Public Policy Training, PO Box 843024, Richmond, VA 23284-3024.

### **About the Virginia Department of Veterans Services**

The Virginia Department of Veterans Services operates 20 benefit services offices where representatives assist veterans and their family members in filing claims for VA benefits. The agency operates two cemeteries for veterans: the Virginia Veterans Cemetery in Amelia and the Albert G. Horton, Jr. Memorial Veterans Cemetery in Suffolk. A third cemetery in Dublin, Virginia is in the initial stages of development. The agency operates the Virginia Veterans Care Center (VVCC) in Roanoke. The VVCC is a long-term care facility offering nursing and domiciliary care for veterans. The Sitter-Barfoot Veterans Care Center is under construction in Richmond and is slated to open in 2007. The agency also certifies that post-secondary educational institutions meet G.I. Bill funding and eligibility requirements, enabling veterans and family members to pursue educational opportunities.