

**Veterans' Services and
Youth Challenge**

**The Anatomy of Federal and State Veterans' Services
and the National Guard Youth Challenge Program**

Addressing Issues From Hunting to Homelessness

A Report to the 57th Legislature
by the
**State Administration, Public Retirement Systems, and
Veterans' Affairs Interim Committee: 1999-2000**

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VETERANS' AFFAIRS INTERIM COMMITTEE
1999-2000**

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EXECUTIVE SUMMARY

Subcommittee on Military and Veterans' Affairs

Charged by statute to review the rules, conduct program evaluation, and monitor the functions of the Department of Military Affairs (DMA), including the Montana Veterans' Affairs Division (MVAD),¹ the State Administration, Public Retirement Systems, and Veterans' Affairs Interim Committee (SAIC) appointed a subcommittee to consider issues related to military and veterans' issues.

The following SAIC members served on the Subcommittee on Military and Veterans' Affairs: Sen. Don Hargrove (Presiding Officer), Sen. Glenn Roush, Rep. Edith Clark, and Rep. Carol Williams.

Duties

Based on the duties outlined for all interim committees under section 5-5-215 of the Montana Code Annotated (MCA), the duties of the Subcommittee on Military and Veterans' Affairs were to:

- monitor the operation of assigned executive branch agencies with specific attention to the following:
 - (i) identification of issues likely to require future legislative attention;
 - (ii) opportunities to improve existing law through the analysis of problems experienced with the application of the law by an agency; and
 - (iii) experiences of the state's citizens with the operation of an agency that may be amenable to improvement through legislative action....

Specific attention was paid to the following:

- < the anatomy of services and benefits provided to Montana veterans through the U.S. Department of Veterans Affairs (VA);
- < the duties and responsibilities of the MVAD; and
- < the National Guard Youth Challenge Program.

Recommendations

The SAIC endorsed the findings and conclusions of the Subcommittee on Military and Veterans' Affairs and recommends that the 57th Legislature enact the following legislation:

- < LC 0200 requesting further legislative study to examine: (1) how VA resource allocation decisions are made, (2) cost shifting to state and local providers, (3) potential grant programs to improve coordination of veterans' services, (4) whether and how veterans' concerns can be represented in the public fiscal and policy decisionmaking process, (5) the release of VA medical records to the FBI, and (6) other emerging issues. Subcommittee activities related to this recommendation are discussed in Chapter 5.

- < LC 0201 providing for funeral homes to release (under certain circumstances) unclaimed veterans' remains to veterans' service organizations so that the remains may be properly interred.

- < LC 0202 to allow a 100% disabled veteran to obtain and display for \$5 (without other taxes and fees) one of any of the special military license plates rather than providing that the veteran may only receive a "DV" plate. This recommendation is discussed in Chapter 6.

- < LC 0203 to expand the types of vehicles a 100% disabled veteran may register for \$5 to include a motor home or a truck of any weight used to pull a travel trailer. This recommendation is discussed in Chapter 6.

- < LC 0204 providing that a legal resident of Montana who is a military service member or a service member's dependent does not forfeit the right to a resident hunting or fishing license if the Montana resident receives a resident hunting or fishing license in another state by virtue of being a service member or the member's dependent. This recommendation is discussed in Chapter 6.

Unfinished business

To finish its oversight responsibilities, sometime following the November 2000 election the Subcommittee on Military and Veterans' Affairs will make a second visit to the Youth Challenge Program and the full SAIC will conduct an informational hearing on Disaster and Emergency Services (DES) planning and procedures.

Purpose and organization of this report

A comprehensive "roll-up" of veterans' services is not presently available, nor has there been an official assessment of veterans' services in Montana. Consequently, in addition to summarizing the SAIC's activities and recommendations related to military and veterans' affairs, this report attempts to present background research on the anatomy of veterans' services in Montana as a foundation for further analysis. This report does not attempt to inventory the array of services that may (or may not) be available to veterans and their families from non-veteran-specific federal, state, or local public or private programs.

Because this interim marked the beginning of the National Guard Youth Challenge Program, this report also presents information and research on the first cycles of the program. Youth Challenge, which targets high school dropouts and offers a 5-month curriculum in a military-style training format to help cadets continue their education and develop self-discipline and life-coping skills, was funded by federal special revenue and state general fund appropriations.

This report is organized as follows:

- Chapter 1 - Chronicles the history and evolution of the federal VA.
- Chapter 2 - Presents national and state demographic data on veterans.
- Chapter 3 - Outlines the basic anatomy of the federal VA.
- Chapter 4 - Outlines the basic anatomy of Montana veterans' services.
- Chapter 5 - Discusses homeless veterans and coordination of services.
- Chapter 6 - Discusses other veterans' issues ranging from hunting licenses to disposition of veterans' remains.
- Chapter 7 - Discusses the National Guard Youth Challenge Program.

Various other supporting information and research, including the dates of key legislative meetings, the VA's health care enrollment priority groups, charts and graphs, organizational charts, etc., are included in the Appendices.

CHAPTER 1: HISTORY AND EVOLUTION OF THE VA

The American Revolution through 1800

After the Revolutionary War, to honor the service of colonial militias and volunteers, Congress enacted a federal veterans' pension program based on years of service. Congress administered the program directly. As the Revolutionary War veterans aged, their disabilities and health care needs became more dramatic. Congress, therefore, expanded the veterans' benefits to include disability compensation based on the extent of each veteran's disabilities and needs. With the program's expansion, administration and the eligibility determination became more complex. Congress tried to delegate the program to the Judicial Branch so they could decide who should get what benefits. However, the Judiciary declared that the delegation of authority was unconstitutional, and Congress retained administrative responsibility.

The 1800s through the early 1900s

The Civil War resulted in a huge increase of veterans and their widows and surviving dependent family members. President Lincoln, with Congress, further expanded the veterans' benefit program to include "every widow and orphan". The first federally funded medical care bureaucracy for veterans was created in 1861 and consisted of a network of locally based veterans' nursing homes. A benefits bureau was also created to process claims. Attempting to prevent inordinate litigation and a milking of veterans' resources, the fees an attorney could charge for helping veterans with their claims was limited to \$10, which was the estimated cost of filing necessary paperwork.

World War I era

In the wake of WWI, veterans' benefits expanded again, along with the administrative bureaucracy. The scope of veterans' benefits grew to encompass disability compensation and expanded pension benefits for non-service-connected disabilities incurred while in military service, insurance and loan programs, and vocational rehabilitation. Congress established three separate agencies to administer the various programs: the Public Health Service, the Bureau of War Risk, and the Board for Vocational Rehabilitation. The new bureaucracy quickly proved unwieldy, uncoordinated, and overloaded. Unable to manage it, Congress authorized the President to take

over administration of veterans' programs, and the Veterans Administration (VA) was established by executive decree.

Post World War II era

After WWII, one of the strongest lobbies on Capitol Hill was the American Legion. Medical and other veterans' benefits were again expanded, including educational assistance through the GI Bill, but without a commensurate expansion of resources. Consequently, crucial decisions had to be made about how to ration the limited but significant resources. These decisions were made by powerbrokers within the American Legion, the House Committee on Veterans' Affairs, and the VA bureaucracy, each lobbying to protect their own interests. This triumvirate of power became known as "the Iron Triangle" and, through a closed, often behind-the-scenes process, they decided what resources were to be allocated to whom and for what services.

Late 1960s and early 1970s

As WWII veterans aged, their health care needs increased. Consequently, so did VA health care services for these WWII veterans. With this expansion of services, the bureaucratic complexities became more and more overwhelming for claimants. Veterans' service organizations, such as the American Legion, the Veterans of Foreign Wars, and the Disabled American Veterans (DAV), began to lobby hard for the VA to allocate resources to help claimants navigate the bureaucratic maze. Reluctantly, the VA agreed to train and certify Veterans Service Officers (VSOs) to help claimants file the necessary paperwork and present claims to VA hearing officers. However, the VA insisted on a "non-adversarial" process where VSOs could not otherwise advocate for a claimant and the VA retained final decisionmaking authority about what the veteran was eligible for and what benefits would be granted.

Veterans' service organizations continued to push for independent VSOs who were not "under the thumb" of the VA bureaucracy. Finally, a compromise was struck. In addition to its own internal VSOs, the VA agreed to train and certify "independent" VSOs who could represent veterans who were members under the auspices of certain chartered veterans' service organizations, primarily the American Legion and the Disabled American Veterans.

Also, some states and counties began to publicly fund local VSO positions

to help veterans file VA claims.*

As part of the compromise, the VA agreed to provide free office space in their facilities for "outside" VSOs.**

The Vietnam era

During the Vietnam era, the high costs of the extended Vietnam conflict, the escalating needs of aging WWII veterans, and Congressional budget constraints combined to severely strain VA resources. Again, priorities had to be set. The VA delegated critical resource allocation decisions to regional managers, who decided how to apportion appropriated resources.***

Post-Vietnam through the early 1980s

As Vietnam veterans came home, the VA faced unfamiliar or previously unlabeled maladies such as Agent Orange and Post-Traumatic Stress Disorder (PTSD). Coupled with the Vietnam conflict's political unpopularity and increased demand on shrinking resources for WWII veterans, Vietnam veterans found themselves at odds with the Iron Triangle and the established veterans' service organizations. It was not until Vietnam veterans began to assume leadership roles in the public and private sector nearly 10 years after the conflict that Vietnam veterans began to develop a base of support for their needs. Now in leadership positions, Vietnam veterans began to challenge the VA system on the basis that the claims of

* The State of Montana established VSOs under the Montana Veterans' Affairs Board and its administrative structure, the Montana Veterans' Affairs Division (MVAD), which is discussed in Chapter 4.

** An MVAD VSO office is maintained in the VA hospital building at Fort Harrison, near Helena, Montana.

*** An argument could be made that this approach was important to provide the VA with the internal flexibility to meet regional needs and also to insulate the VA from political battles. However, this further removed the VA from accountability. Determining how regional managers assess needs, develop strategic plans, and allocate resources remains difficult. Additionally and aside from the forum for complaints and information gathering offered by congressional and legislative hearings, it often seems that there is no channel for open or regular public scrutiny of the VA decisions, policies, and practices. Neither are VA officials (who often face a constant barrage of criticisms) inclined to seek out opportunities to consult with veterans or other public or private service providers who are directly impacted by the VA's resource allocation decisions. This situation forms the backdrop for the drama that played out on the stage of the Subcommittee's activities this interim and that is discussed further in Chapter 5.

Vietnam veterans were not being given equal or fair consideration in comparison to veterans of other conflicts. In addition, various scandals surfaced about improprieties by benefit review board members who rubber-stamped some claims, but not others, or accepted bribes.

During this period, Vietnam veterans also began pushing for judicial review of VA determinations on claims. Nonetheless, until 1988, the VA remained the only executive agency with a determination process expressly exempt from judicial review in a court of law.

The 1988 Veterans' Judicial Review Act

In 1988, over the strenuous objections of the Iron Triangle, Congress passed the Veterans' Judicial Review Act, and the Judiciary accepted as constitutional and appropriate its role in policing the Executive's compliance with legislated policy on veterans' eligibility and benefit entitlements. As a result of this landmark legislation, a veteran is now eligible to appeal a VA determination to a special Court of Appeals for Veterans Claims, and from that court to a U.S. Circuit Court.

The 1990s to the present

Until recently, the VA was organized into 58 VA Regional Offices (VAROs). The VA is now organized into 9 Service Delivery Networks under the VA's Veterans Benefits Administration and 22 Veterans Integrated Services Networks (VISNs) under the VA's Veterans Health Administration. Each of these VA administrations is discussed in greater detail in Chapter 2.

One examination of the VA bureaucracy concluded that budget allocations within the VA depend not on how well or how accurately claims are processed, but on how many claims can be closed in the shortest amount of time. The examination also found that the organizational culture rewards managers who process the most claims with the fewest staff. Published by legal advocates for veterans, the study argues that claims are too often denied because evidence is not sufficiently developed or researched by the VA's VSOs. Furthermore, the study contends, internal organizational pressures result in disabilities and entitlements not being properly identified and in veterans not being given adequate time to provide requested documentation.²

The 1996 Health Care Eligibility Reform Act

Enrollment for VA health care: In relation to the VA health care system, in an effort to streamline access to VA health care, the VA recently

implemented the Congressionally enacted Veterans' Health Care Eligibility Reform Act of 1996.³ The act establishes an enrollment process for access to VA health care services. Certain special-needs veterans with service-connected disabilities may access VA health care services concurrent to the enrollment process. Once enrolled, a veteran is assigned to one of seven service priority groups. Access to services is based on the veterans' assigned priority group. (See Appendix C for a description of each priority group.)

Statistics: There are an estimated 25 million veterans in the United States. About 4 million veterans have been enrolled in the VA health care program. About 59% of all enrollees are assigned to priority group 5 or 7. More than 80% of the enrolled veterans are below threshold income levels and so are not required to make copayments.⁴

The VA Montana health care system reports that about 27,000 Montana veterans have so far been enrolled, which is about 27% of an estimated 100,000 veterans in Montana.

Chapter 2 provides more detail on the demographic characteristics of veterans, both nationally and in Montana, as well as some data on VA expenditures nationally and in Montana. Chapter 3 further discusses the basic anatomy of the VA, including the VA benefit claims process and the VA health care system.

CHAPTER 2: DEMOGRAPHIC DATA

National statistics

According to the U.S. Department of Veterans Affairs:⁵

- < There are currently nearly 25 million veterans in the United States, 80% of whom served during official armed hostilities.
- < The median age of all veterans is about 59 years old.
- < Most veterans are Vietnam-era veterans.
- < Since 1980, the percentage of the U.S. veteran population has been steadily declining and is expected to decline by nearly one-third (to about 16 million) by 2020.⁶
- < The proportion of veterans 65 years of age and older will steadily increase to constitute 51% of all veterans by 2013. Moreover, the number of veterans aged 85 years or older will increase more than eight-fold by 2020.⁷
- < Although veterans enter nursing home care less frequently than nonveterans, veterans needing nursing care are younger than nonveterans who enter nursing home care.⁸

Socioeconomic status: According to 1990 U.S. census data, veterans as a group exceed national averages in the areas of personal income, employment status, and health insurance coverage, due in large part to VA-provided benefits and support services. Additionally, veterans are incarcerated at half the rate of nonveterans.⁹ However, twice as many veterans as nonveterans experience homelessness at sometime during a year. An estimated 250,000 veterans are homeless at any one time, accounting for more than one-third of the nation's homeless.

Montana's veterans

- < Montana is home to an estimated 100,000 veterans and 140,000 dependents.
- < Montana ranks 10th in the number of veterans per 1,000 in population 18 years of age and older and 27th in VA expenditures.¹⁰
- < Consistent with nationwide projections, the total veteran population

in Montana is expected to decline steadily to about 70,000 by 2020.¹¹

- < The proportion of Montana veterans 65 years of age and older will increase significantly, with an even more dramatic increase in the number of veterans 85 years of age and older.
- < Most of Montana's veterans are 55 to 60 years old, served in Vietnam with no prior military service, graduated from high school, and are employed (though 36% are categorized as "not in the labor force").

Appendix D includes various charts and graphs illustrating Montana veterans by age, period of service, levels of educational attainment, and employment status.

Homelessness: The needs of Montana's homeless veterans were highlighted this interim. Homelessness and the need for coordinated service delivery to veterans at risk of homelessness are discussed in detail in Chapter 5.

CHAPTER 3: THE ANATOMY OF VA SERVICES

Overview

Federal benefits for eligible veterans and their dependents are delivered by the U.S. Department of Veterans Affairs (VA), which was established in 1989 to succeed the Veterans Administration created by Executive Order in 1930. The Secretary of Veterans Affairs is an Executive Branch Cabinet officer.

There are numerous boards and agencies within the VA. The three most visible administrative agencies are the following:

- Veterans Benefits Administration
- Veterans Health Administration
- National Cemetery Administration

Each of these is discussed in greater detail below.

The Veterans Benefits Administration

General organization: Delivery of benefits to veterans and their dependents is managed by the Veterans Benefits Administration (VBA). The agency provides administrative support to VA programs through nine Service Delivery Networks (SDNs), which include a total of 50 regional offices. A regional VBA office is colocated with the VA medical facility at Fort Harrison and is one of nine regional offices administered under SDN 8, which is headquartered in Denver.

Programs: The VBA provides administrative support services for the following programs:

- Health care
- Compensation and pension benefits
- Education and job training
- Home loan assistance
- Insurance programs
- Burial or interment services

Disability compensation and pension benefits

Eligibility and claims determination process: Claims and eligibility determinations are processed through VBA offices. The initial step in a claim for disability compensation or pension benefits involves determining: (1) what disabilities or injuries a veteran has, and (2) the extent to which each disability or injury is service-connected or non-service-connected.* For each determination, a veteran must undergo appropriate medical or psychological examinations. Eligibility criteria based on when, where, and how long a veteran served, the veteran's marital status, and the age and number of the veteran's dependents must also be applied.

Once the determinations, and any appeals of the determinations, have been completed, the final determinations define what and how much the veteran is eligible to receive. For example, a veteran with a 30% service-connected disability and a 10% non-service-connected disability is eligible for a certain monthly amount in disability compensation and a certain monthly amount as a pension benefit depending on the veteran's marital status and the number and age of the veteran's dependents. The determination will also affect which of the seven health care priority groups the veteran will be assigned to during the health care enrollment process, which was discussed Chapter 1.

Backlog of claims: Nationally, the VBA has a backlog of about 450,000 claims with no progress being made toward reducing that backlog. It routinely takes 6 to 12 months to process a claim. Annually, there are more than 70,000 appeals initiated because of incomplete, erroneous, or disputed claims determinations. Each appeal takes about 2 years to reach the Board of Veterans' Appeals. Based on historical data, less than 20% of the claims are allowed. Significantly, between 30% and 50% of the claims are sent back for readjudication because of incomplete documentation or a lack of

* The benefit for a service-connected injury is disability compensation. The benefit for a non-service-connected injury that occurred while the veteran was in the military is called a pension benefit.

required development by VA VSOs. The readjudication typically takes between 1 and 2 years. Many cases are sent back two or three times.¹²

The Veterans Health Administration

Overview: The largest of the VA's agencies is the Veterans Health Administration (VHA), which is responsible for delivering a broad spectrum of medical, surgical, rehabilitative, and nursing care.

The VA health care system today consists of about:

- 173 VA medical centers;
- 391 outpatient, community, and outreach clinics;
- 131 nursing home care units; and
- 39 domiciliaries.

Trends in inpatient services: The VA health care system has undergone many significant changes over the past decade. However, the most notable change is the shift in emphasis from inpatient hospital care to outpatient care. In the past 20 years, decreased demand for inpatient hospital care coupled with emphasis on community-based treatment has led to a significant decline in the number of inpatients admitted to VA facilities. Between 1989 and 1999, the number of inpatients in VA facilities plummeted by 44%, with fewer than 400,000 veterans receiving inpatient hospital care in FY 99.¹³ If these trends continue for the next 15 years, a GAO report estimates that more than half of the VA's hospitals will close.^{14*}

Trends in outpatient services: Indicative of the VA's emphasis on outpatient care, between FY 1989 and FY 1999 the number of VA hospital-based outpatient clinics and community-based satellite clinics increased by 128%. The number of unique veterans who "presented for treatment"^{**} to VA

* The GAO report did not address VA health care standards or how long veterans typically wait for appointments to see a doctor. Informal discussions with veterans using the VA hospital at Fort Harrison suggested waits from several months to a year. A special report done in response to a congressional request from U.S. Senator Conrad Burns in an attempt to evaluate the challenges of VA health care in rural states reported that VA officials stated they do not keep statistics on how long a patient must wait to see a doctor. Furthermore, the GAO report did not consider whether there could be any correlation between VA admission policies or capacity to admit inpatients and the decline in inpatient treatment provided.

** The terminology "presented for treatment" is used in reporting the number of veterans who gained access to outpatient health care after having gone through the process of enrolling for benefits, having their benefit claims adjudicated,

outpatient clinics increased by 31% during that same 10-year period. Nearly 3.4 million veterans presented for treatment at VA outpatient clinics during FY 1999.¹⁵

Trends in nursing home care: The VA has been de-emphasizing its nursing home program and emphasizing grants to state nursing home programs. (See Chapter 4 for a discussion of Montana state veterans' nursing homes.) In FY 1997, the average daily census in VA nursing homes fell (for the first time ever) from about 14,000 to about 13,000. Nonetheless, the average daily census has been increasing again in each subsequent year. The total number of VA nursing homes has been increasing, too, from about 200 in FY 1989 to more than 500 in FY 1999.¹⁶ With demographic trends indicating a significant increase in the proportion of veterans reaching 65 years of age within the next 10 to 20 years, nursing home care and geriatric treatment will take on added significance.

The VA Montana Health Care System

The VA health care service delivery system is organized into 22 Veterans Integrated Services Networks (VISNs), which are regional management "hubs". Montana, together with Wyoming, Utah, and Colorado, is part of VISN 19, the largest VISN in terms of territory.

The VISN 19 health care system supports nearly 700,000 veterans. Distances between some VA facilities in VISN 19 are as great as 700 miles. On an urban to rural scale of 0 to 9, with 9 being the most rural, VISN 19 is rated a 7, which is the highest rating that has been given.

VA facilities in VISN 19 include:

- < 5 VA hospitals*
(located at Fort Harrison, MT, Salt Lake City, UT, Denver and Grand Junction, CO, and Sheridan, WY); and
- < 19 community-based primary care centers.

being assigned to a priority category, and receiving a health care screening for initial determination of medical conditions. The terminology does not include "walk-ins".

* See Appendix F for a bar graph illustrating the number and types of beds in each of the VISN 19 VA hospitals.

About 18,000 unique veterans "presented for care"* in the VA Montana Health Care System during FY 1999, a 17% increase from FY 1998.

* VA Montana Health Care System staff defined "presented for care" as the number of appointments made.

VA facilities in Montana: The VA Montana Health Care System consists of the following:

- < 45-bed general medical and surgical facility at Fort Harrison (with an average daily census for inpatient care of 38 and a total of 192 transferred to other VA inpatient facilities);*
- < 30-bed nursing home in Miles City** (with an average daily census of 29); and
- < 10 community-based outpatient clinics (CBOCs).

Table 1 on the following page shows the number of client visits (unique veterans) for each CBOC in Montana during the last five years. A new outpatient clinic in Sidney opened in FY 2000 and is not shown. Each outpatient clinic provides routine primary care (which is similar to the care typically available at a local doctor's office).

* On a scale of 1 for complex care, 2 for basic care, and 3 for care provided during a one-time office visit, the VA hospital at Fort Harrison rates as a category 2 facility.

** According to a briefing presented to the Subcommittee on September 14, 2000, by Ms. Lee Logan from the VA center at Fort Harrison, there are no plans to close the Miles City nursing home. However, nationally, the VA will be moving away from operating nursing homes because it is more cost-effective to contract for services. Ms. Logan reported that, in Montana, the VA contracts with more than 40 community nursing homes. Veterans with a 70% to 100% service-connected disability are eligible for long-term nursing care. All other veterans are eligible for up to 35 days (in their lifetimes) in a nursing home at VA expense.

TABLE 1: OUTPATIENT CLINICS
Number of client visits per site (unique veterans)
 Shaded blocks indicate the clinic had not yet opened

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999
Ft. Harrison	8,503	9,928	10,520	11,275	12,854
Miles City		3,737	3,864	3,974	4,132
Billings			2,309	2,383	2,698
Great Falls				1,088	2,143
Whitefish				1,305	2,140
Anaconda				541	1,043
Bozeman				397	1,176
Missoula				945	1,684
Glasgow					109
TOTAL	8,503	13,665	16,693	21,908	26,457

Progress report from the VA: Mr. Joe Underkofler, Director of the VA center at Fort Harrison, briefed the Subcommittee on recent VA activities in Montana. He presented the following information:

- < The integration of the Miles City VA health care center and the VA hospital at Fort Harrison into one facility at Fort Harrison, which was begun in 1998, is complete. This allowed for a restructuring of 33 positions and the redirection of about \$1.3 million.
- < Two new CBOCs were recently opened in Glasgow and Sidney.
- < The VA's Transitional Assistance Program at Malmstrom Air Force Base, which provides information to personnel leaving active duty military status, will continue to be expanded.
- < More than 27,000 (about 27%) of Montana's veterans have been enrolled in the VA health care system, which exceeds the national average of 10% enrollment.
- < The Veterans Millennium Health Care and Benefits Act allows the VA to reduce payments for eligible nursing home care to 70%, which allows more veterans to receive nursing home care.

- < The VA nursing home in Miles City is a larger-than-needed facility and is burdensome to maintain. Therefore, Custer County is pursuing federal legislation that will allow the county to acquire the building. The VA would then lease space for the nursing home from the county and be able to reduce their overhead.¹⁷

Community-based readjustment counseling

In 1979, Congress established a Readjustment Counseling Service (RCS) program to help veterans cope with the psychological trauma suffered in military service.* Operated under the VA, but independent of the health care system, the RCS program consists of community-based outreach and counseling clinics called Vet Centers. Funding of the RCS program is based on a year-to-year direct congressional appropriation.

There are two VA-funded Vet Centers in Montana, one in Missoula and one in Billings. These centers provide community-based readjustment counseling services to eligible veterans. The Vet Centers also contract with private practitioners in various communities that are within each center's regional "catchment area". These local providers form a centerpiece of counseling services for veterans in need of support.¹⁸

The National Cemetery Administration

With administrative support from the VBA, the National Cemetery Administration (NCA) is responsible for providing burial benefits to veterans and eligible dependents. Among other duties, the NCA manages more than 100 national cemeteries, provides grave markers worldwide, and administers the State Cemetery Grants Program.

The State Cemetery Grants Program, which initially split costs with states, now funds 100% of the construction costs for state veterans' cemeteries. States must administer, operate, and maintain the state veterans' cemeteries.

State cemeteries established under the grant program must conform to VA standards and guidelines for planning and construction and must operate solely for the burial of service members who die on active duty and of

* Although originally enacted for Vietnam era veterans, the RCS program has expanded and now provides services for veterans with certain specified service from WWII through the more recent peace-keeping actions in Somalia. Veterans who experienced sexual traumas during military service are also eligible for RCS services.

veterans and their eligible spouses and dependent children.

The VA will pay a plot or interment allowance of up to \$150 for expenses incurred by the state in the burial of eligible veterans in a state veterans' cemetery. The VA has awarded more than 120 grants totaling more than \$50 million to establish about 40 state veterans' cemeteries in 21 states.¹⁹

Montana has established two state veterans' cemeteries, which are discussed in greater detail in Chapter 4.

CHAPTER 4: THE ANATOMY OF MONTANA'S STATE-FUNDED VETERANS' SERVICES

Constitutional authority

Article II, section 35, of the Montana Constitution states: "The people declare that Montana servicemen, servicewomen, and veterans may be given special considerations determined by the legislature." The state constitution also provides for state-run veterans' nursing homes. Article XII, section 3, of the Montana Constitution states: "The state shall establish and support institutions and facilities as the public good may require, including homes which may be necessary and desirable for the care of veterans."

Overview

The basic structure of Montana's state-funded veterans' services is as follows:

- < Board of Veterans' Affairs: 5 governor-appointed members
Montana Veterans' Affairs Division: 19.3 FTE, 8 field offices
Helena, Billings, Bozeman, Butte, Great Falls, Kalispell,
Missoula, and Miles City

- < 2 State Veterans' Cemeteries:
Montana State Veterans' Cemetery, Fort Harrison, Helena
Eastern Montana State Veterans' Cemetery, Miles City

- < 2 State Veterans' Nursing Homes
Montana Veterans' Home (MVH), Columbia Falls
Eastern Montana Veterans' Home, Glendive

Each of these programs is discussed in this chapter.

Board of Veterans' Affairs

Composition: In 1905, the Montana state legislature established a Board of Veterans' Affairs. The Governor, with the consent of the state Senate, appoints five members. No more than one member may be from a single county. All Board members must be honorably discharged "from service in the military forces of the United States in any of its wars". Board members serve 5-year terms and receive compensation and travel expenses. The Board is allocated to the Department of Military Affairs for administrative purposes only.²⁰

Duties: The Board is directed by statute to "establish a statewide service for discharged veterans and their families, actively cooperate with state and federal agencies having to do with the affairs of veterans and their families, and promote the general welfare of all veterans and their families."²¹ State law also specifies: "All state, county, and municipal officers shall render such aid to the board as shall be within their power and consistent with the duties of their respective offices."²²

Activities: The Board typically meets three or four times a year to receive information and updates from the Montana Veterans' Affairs Division, which is the administrative structure responsible to the Board. According to the Division administrator, the Board has never conducted a strategic study or assessment of veterans' services. However, the Board provides an annual report to the Governor.²³

Acceptance of federal funds: The Board is authorized by state statute to accept federal funds, which would include federal grant money. Also, the Governor and the secretary of the Board are authorized to sign contracts with the federal government for reimbursement of eligible expenses.²⁴ The only federal grant money applied for (and received) has been from the VA's National Cemetery Administration state grant program, which is discussed later in this chapter.²⁵

Employees: The Board is authorized to hire its own staff, who must be, whenever possible, honorably discharged veterans of "World War I, World War II, or the Korean or the Vietnam conflicts", with preference given to disabled veterans.²⁶

The Montana Veterans' Affairs Division

Structure: With administrative support from the Department of Military Affairs (DMA), the functional structure supporting the Board of Veterans' Affairs is the Montana Veterans' Affairs Division (MVAD). (Please refer to Appendix G for an organizational chart provided by the MVAD.)

Duties and responsibilities:

Presents claims to the VA: The main function of the MVAD is to prepare and file VA benefit claims for Montana veterans. To legally represent a veteran or family member (e.g., to request official records, obtain documents, initiate correspondence on behalf of a client, etc.), the MVAD requests that clients give them limited powers of attorney.

Makes referrals: The MVAD also refers veterans and their family members

to other federal, state, or local agencies that may provide other needed services, such as welfare benefits, housing, counseling, health care, etc.

Administers state veterans' cemeteries: Statute directs the DMA to establish the state veterans' cemetery program²⁷, but the MVAD administers the program. The two state veterans' cemeteries are discussed later in this chapter.

Staffing: The MVAD employs 19.3 FTE*. The MVAD Administrator maintains an office in the DMA headquarters building. There are eight MVAD field offices, each staffed with up to two personnel: typically a veterans service officer (VSO) and a veterans service technician. Based on the executive branch state classification and pay plan, the compensation for a technician starts at grade 9, while a service officer starts at grade 11. Each field office, except for the Helena office, is responsible for a multi-county area. (Appendix G includes a map showing field office areas of responsibility.)²⁸

Caseload: While caseloads vary by office, each field office has about 700 active cases working at any one time. An active case means a claim for federal VA benefits is somewhere in the claims process. The MVAD currently holds (based on a running cumulative total) about 71,000 active powers of attorney. In FY 2000, about \$42 million in federal VA benefits were processed through MVAD offices and were paid to Montana veterans, primarily in the form of disability compensation and pension benefits.²⁹ (Appendix E includes a graph showing total VA expenditures in Montana.)

Funding: The MVAD is funded by legislative appropriation. For the 1999-2001 biennium, the Legislature made the following appropriations in House Bill No. 2 (Ch. 578, L. 1999):

\$1,290,052	from the general fund for general MVAD personal services and operating expenses
\$ 294,543	from state special revenue for the state veterans' cemetery program
\$ 150,000	in federal special revenue for the construction of the Eastern Montana Veterans' Cemetery

* An FTE is a "full-time equivalent" position and represents 2080 hours of personal services annually.

The MVAD reports that its annual budget is typically spent as follows:
83% for personal services; and
17% for operating expenses
(of which 16% is spent on travel and 18% is spent on
communications).³⁰

State veterans' cemeteries

Overview and history: The MVAD, supported by the DMA, administers the state veterans' cemetery program, which consists of two cemeteries.

The Montana State Veterans' Cemetery, which is about 70 acres, is located at Fort Harrison in Helena and was approved by the Legislature in 1985. The U.S. Congress authorized the transfer of federal property to the state for the cemetery in 1986, and the cemetery became operational in 1987.

The 30-acre Eastern Montana State Veterans' Cemetery was approved by the Legislature in 1997 and established in Miles City. It will become operational in the near future.³¹

Funding: Initial construction of the cemeteries was funded by federal VA grant funds and matching state funds. Operation and maintenance of each cemetery is funded entirely by legislative appropriations of state special revenue, which is collected from donations, veterans' license plate fees, and a cemetery plot allowance.³²

Staff: A full-time cemetery sexton, supported by a part-time seasonal worker, operates and maintains the state veterans' cemetery program.

Advisory councils: Under section 2-15-122, MCA, which authorizes the Governor and department heads to create advisory councils, the Governor appointed an advisory council for each of the veterans' cemeteries. The Governor prescribes the composition and functions of the advisory councils. Council members are entitled to compensation (\$25 per day) and expenses at state per diem rates and serve at the pleasure of the Governor.*

Eligibility for burial: According to DMA rules, any veteran "who received any discharge, other than a dishonorable discharge, from the armed forces of the United States is eligible for burial" in a state veterans' cemetery. The term "veteran" includes veterans of active military service as well as anyone who served with the national guard or reserve forces. The spouse of an

* By law, an advisory council may not be created to remain in existence for more than 2 years. However, an advisory council may be extended as many times as necessary. See section 2-15-122(10), MCA.

eligible veteran is also eligible for burial at a state veterans' cemetery, provided the spouse is buried on the same plot as the veteran.³³

Burial costs: The following are some of the costs associated with burial in a veterans' cemetery:

\$150: for opening and closing the grave
If the veteran is eligible, i.e., a wartime veteran, is receiving a VA disability or pension benefit, or died in a VA hospital, the plot allowance is paid by the VA.

\$ 85: for setting the headstone at the Montana State Veterans' Cemetery*

Under state statute, county commissioners must designate a person, preferably a veteran, as a veterans' interment supervisor to ensure proper interment of eligible deceased veterans who were county residents. The county pays a veteran's burial benefit of up to \$250 for general burial expenses. The county also pays up to \$30 of the cost of shipping and raising a veteran's headstone. If the cost of shipping and raising the headstone exceeds the \$30 paid by the county, the state general fund pays up to \$40 more.**³⁴

Depending on a veteran's service and disability rating, the VA also pays a general death benefit.³⁵

State veterans' nursing homes

The Montana Department of Public Health and Human Services (DPHHS) operates two state veterans' nursing homes, which are outlined below.

Montana Veterans' Home, Columbia Falls

Occupancy:

90-bed nursing home, FY 2000 average daily census of 86

40-bed domiciliary, FY 2000 average daily census of 21

Waiting list: 9 seeking immediate admission, 55 requesting

* Setting and raising a headstone at the Eastern Montana Veterans Cemetery is anticipated to cost \$70, which was the cost at the Fort Harrison cemetery until it was recently raised to \$85.

** The county and state payments total \$70 to coordinate with the \$70 previously charged at the Fort Harrison cemetery. (Please see the previous footnote.)

future consideration

Funding:

Sources: Medicare, Medicaid, state cigarette tax, private pay, VA offset for eligible veterans

Rates:	<u>Nursing Home</u>	<u>Domiciliary</u>
Private pay:	\$190.08 per day	\$48.45 per day
VA offset:	\$ 50.55 per day	\$21.43 per day

Budget: \$4 million per year, funded by federal grants and 11.11% of the state cigarette tax, which amounts to about \$900,000 annually.

Key issues this interim:

- Ÿ Update: The design phase for a 15-bed Special Care Unit for dementia is nearly complete. (The 1999 Legislature appropriated \$1.2 million from cigarette tax revenue for construction, 65% of which will be reimbursed by the VA.)
- Ÿ Savings: A recent agreement with the VA to operate a pharmacy will save the home \$20,000 in expenses and improve pharmacy services.
- Ÿ Staffing crisis: The Montana Veterans' Home is having an extremely difficult time recruiting and retaining qualified nursing staff.³⁶

Eastern Montana Veterans' Home, Glendive

Occupancy:

80-bed skilled and intermediate care nursing home
FY 2000 average daily census of 54
10 of the 80 beds are a Special Care Unit (SCU) for dementia

Waiting list: 8 people seeking admission to the SCU

Funding:

Sources: Medicare, Medicaid, private pay, VA offset for eligible veterans, federal grant money (for construction)

Rates:	<u>Nursing Home</u>
Private pay:	\$104.00 per day
VA offset:	\$ 50.55 per day

Budget: \$2.3 million per year (cigarette tax revenue was used to help pay for construction and ongoing maintenance, but is not used for ongoing operations)

Key issues this interim:

- ŷ Update: The 1999 Legislature appropriated \$290,000 for improvements. New parking area lights are in place and the design phase for expansion of the SCU and the dining room is nearly complete.
- ŷ Contract renewal: The EMVH is administered through contracted services with Glendive Medical Center. The current contract will expire on July 1, 2002. Thus, DPHHS will issue a new RFP in the fall of 2001 and award a contract prior to July 1, 2002.
- ŷ Staffing crisis: Like the MVH, the EMVH is experiencing an extremely difficult time recruiting and retaining qualified nursing staff.³⁷

CHAPTER 5: BEYOND HOMELESSNESS

Issue background

The SAIC concluded that legislative study was needed to further examine VA funding priorities, potential cost shifting, how veterans' concerns can best be represented when priorities are being set, a potential grant program designed to help coordinate services, and other emerging issues. (See LC 200 at Appendix B.) This conclusion was formulated in the wake of several issues initially raised in context with the second annual Homeless Veterans Stand Down event held at Fort Harrison in September 1999. Homelessness among veterans and concern about a lack of state agency support for the Stand Down proved to be a catalyst that raised a range of other veterans' issues. This chapter discusses homelessness among veterans, Homeless Veteran Stand Down events, the activities of a Veterans Resource Coalition (VRC), and the reaction of the local veteran community to the VRC recommendations.

Homeless veteran demographics

National statistics: The rate of homeless among veterans is higher than the national average of homeless among the total population. The VA estimates that twice as many veterans as nonveterans experience homelessness at some time during the course of a year. Nationally, an estimated 250,000 veterans are homeless at any one time.³⁸ According to a 1996 national survey, 55% of homeless male veterans who were clients of homeless assistance programs reported that their latest homeless episode lasted 13 months *or more*.³⁹

Difficult to count: Accurate counts of the homeless population are difficult to achieve and census data reflects only the number of homeless counted in certain shelters on any given day. Thus, statistical studies on homelessness typically note that the numbers reported greatly underestimate the problem. Additionally, homeless counts do not include people who may be on the verge of homelessness.

Complex needs: Homeless veterans are often difficult to reach because many disengage from social contact. Additionally, many veterans have other overlapping and interdependent needs that go beyond the need for shelter. Nationally, about 45% of homeless veterans suffer from mental illness, and with considerable overlap, 70% of homeless veterans suffer from alcohol or other drug abuse problems. Most homeless veterans also need basic medical care, job services, transportation, and family support services.⁴⁰

Need to coordinate services: Because of multiple overlapping needs, effective service delivery to homeless veterans requires a high level of

coordination to provide a continuum of services and continuity. Moreover, although numerous services are available to support veterans,* each operates under its own bureaucracy. Separate bureaucracies can result in fractured service delivery, and there is an apparent tendency for agencies to "pass the buck" of responsibility and accountability. Veterans' services cross lines between federal, state, and local agencies, as well as the public and private sectors, which presents an intimidating maze that is difficult and frustrating to navigate, especially for a homeless veteran or a veteran who may be one paycheck away from homelessness.

Homeless Stand Down initiated: Recognizing the special needs of homeless veterans, in 1988, Robert Van Keuren, the Executive Director of the Vietnam Veterans of San Diego (VVSD) and Jon Nachison, Ph.D., the Clinical Director of the VVSD, initiated what was called a "Homeless Veterans Stand Down". The 3-day event brought numerous federal, state, and local service providers to one location in a coordinated effort to reach out and provide support services to hundreds of homeless veterans who gathered for the event. The Stand Down helped bridge the physical and psychological barriers between service providers and homeless veterans by providing a "safe haven" where homeless veterans could gather, make personal contact with key service providers, and receive needed services without feeling frustrated, lost, misused, or intimidated by "the system". The concept underlying the Stand Down was similar to the concept of the period of respite offered to exhausted combat soldiers when they are called to "stand down", i.e., come in from the battlefield, to rest and recover.

A hand up not a hand out: Since that first Stand Down in 1988, a movement to have at least one annual Homeless Veterans Stand Down event in each state has spread nationwide, with an estimated 80 Stand Downs held annually nationwide.⁴¹ The underlying philosophy of Stand Downs is to provide homeless veterans "a hand up, not a hand out."⁴²

Montana's homeless veterans

Concern about lack of state agency support: In September 1999, a Vietnam veteran (who had been homeless himself for nearly 17 years) and Chairman of the Montana DAV Homeless Task Force in Helena, Mr. Rick Salyer, brought to the SAIC his concern about the seeming lack of state agency cooperation in providing support to a 2-day Homeless Veterans Stand Down scheduled for September 16-17, 1999, at Fort Harrison. The all-volunteer event, the second to be held in Montana, was sponsored by several organizations, but primarily by Chapter 626 of the Vietnam Veterans of

* Support services available to veterans include housing assistance, educational assistance, medical care, psychological counseling, welfare benefits, and job services.

America (VVA) and the Montana DAV.⁴³ The SAIC referred the issue to the Subcommittee on Military and Veterans' Affairs and asked for a report and critique of the 1999 Stand Down.

Accomplishments of the 1999 Stand Down: Testimony presented in November 1999 to the Subcommittee on Military and Veterans' Affairs highlighted the fact that the Stand Down demonstrated a collaborative effort to bring together various federal, state, county, public, and private providers in a coordinated effort to reach and provide services to homeless veterans. The following outlines the services provided.

- < About 46 health care professionals and volunteers operated a health clinic that provided mental health and medical screenings. Primary support was provided by St. Peter's Hospital, Golden Triangle Community Mental Health Center, Counseling Consortium, Helena Health Alliance, Boyd Andrew Chemical Dependency Care Center, the VA, the Lewis and Clark City-County Cooperative, and the Naval Reserve*.
- < Several state government agencies, including the DPHHS, the Montana Veterans' Affairs Division, Job Service, and the Department of Military Affairs, also provided support.
- < Nonprofit organizations, most notably Helena's God's Love homeless shelter, the Salvation Army, and veterans' services organizations, were a keystone in bringing together about 100 total volunteers who provided meals, transportation, tents, tables, chairs, entertainment, security, clothing, sleeping bags, and other services to support the Stand Down.

Shortfalls and needs: Testimony received by the Subcommittee suggested more could be done by state agencies to support the Stand Down effort. Veterans and advocates testified that:

- < State agencies could do more to advertise the event, recruit volunteers, and actively participate in coordinating future Stand Downs.
- < Rather than one statewide Stand Down, several community-level Stand Downs at locations around the state would make it easier for homeless veterans to participate.

* The military services, including the National Guard and Reserve, are authorized by federal law, 10 U.S.C. 2546, which is implemented under 32 CFR part 226, to support Stand Down events.

- < Funding for the event was problematic with costs covered mostly by veterans' organizations and volunteers;*
- < Although the VA's Homeless Providers Grant and Per Diem program has provided funding for numerous projects in other states, Montana has yet to take advantage of that resource.**
- < Coordinating a Stand Down can be overwhelming for volunteers with other responsibilities and a full-time paid coordinator is needed to build on Stand Down successes.***44

Counting Montana's homeless veterans: As previously noted, one of the biggest challenges related to homeless veterans is getting an accurate count. The following statistics were compiled at various times in an attempt to estimate how many homeless, and specifically homeless veterans, there are at any given time in Montana:

	Total Homeless	Veterans	Veteran Family Members
1998 Stand Down:	113	78	unknown

* Based on testimony provided to the Subcommittee, the Montana DAV applied for grant money to help support the Montana Stand Down 1999. However, because the grant was broadly written and targeted all homeless, not only veterans, the grant was not approved.

** The VA Homeless Providers Grant and Per Diem program is offered annually as funding permits. The program provides up to 65% of the funding for the construction, acquisition, or renovation of facilities or to purchase vans to provide outreach services to veterans. In FY 1999, 51 grants totaling \$15 million were awarded to nonprofit and local government agencies nationally. (Source: U.S. Department of Veterans Affairs, "VA's Homeless Providers Grant and Per Diem Program", <http://www.va.gov/health/homeless/AssistProg.htm>, May 2000.)

*** The need for a full-time coordinator was indicated in testimony to the Subcommittee. On September 14, 2000, Maj. Gen. Prendergast of DMA and other participants of the Veterans' Resource Coalition recommended a state-funded FTE to coordinate homeless services. Officers of Chapter 626 of the VVA echoed that need, but also testified that there are many veterans at risk of homelessness and who also need a coordinator or ombudsman. The need for a coordinator was also highlighted by the fact that the VVA and DAV declined to sponsor a Stand Down for 2000 because of a lack of commitment to target veterans and the difficulties encountered during the 1999 Stand Down. Consequently, the 2000 event was renamed Homeless Outreach 2000. Although numerous individual veterans volunteered and supported the event, testimony presented to the Subcommittee on Military and Veterans' Affairs on September 14, 2000, noted a low turnout, that the event was funded with only \$630 dollars in private donations, and that if future events were to succeed, a dedicated full-time coordinator or ombudsman was needed.

1999 Stand Down*:	100	63	20
DPHHS Survey**:	1331	142	20

Stand Down organizers testified that many who come to a Stand Down do not sign in or fill out the survey form, for a variety of reasons. The location of the event, transportation to the event, and willingness to comply with requests for information all factor into the challenge of gaining an accurate count of homeless veterans at a Stand Down.

Ms. Ann Hamerla, a homeless shelter nurse for the Lewis & Clark County Health Department, estimated that about 50% of her patients are veterans. She testified that homeless people seem to be becoming more ill, many are testing HIV positive, and that it takes time to build a rapport with homeless people, especially with veterans, because of a lack of trust. Mr. David Miller, a social worker at the God's Love homeless shelter in Helena, also testified that many of the homeless he works with are Vietnam veterans.

Mr. Jim Jacobsen, Administrator of the MVAD, estimated his service officers assisted about 25 homeless veterans in the last year and that many others were referred to other agencies, but that statistics are not kept on those referrals.⁴⁵

At a subsequent meeting, the Subcommittee asked for estimates on how many homeless veterans live in camps. Testimony from veterans who supported the 1999 Stand Down indicated that there may be as many as 15 camps of homeless veterans between Garrison and Missoula and that in the Choteau/Augusta area there may be as many as 115 homeless veterans and their family members, but that only 19 homeless from that area actually came to the 1999 Stand Down.⁴⁶

Veterans' Resource Coalition

Responding to the need: At the Subcommittee's November 9, 1999, meeting and in the wake of discussion that a key problem in coordinating services for homeless veterans was simply a lack of communication, Major General John Prendergast, The Adjutant General of DMA, volunteered his services to help open lines of communication between veterans and service providers. The Subcommittee supported the move and requested that

* Numbers reported for the Stand Downs represent only Stand Down participants and only the participants that chose to fill out the survey.

** The DPHHS survey was conducted on April 26, 27, or 28, 2000, in areas in and around Billings, Bozeman, Butte, Great Falls, Helena, Missoula, Kalispell, and Havre.

DPHHS also be involved because of its homeless assistance programs.⁴⁷

The VRC's activities: Maj. Gen. Prendergast established a Veterans' Resource Coalition (VRC), which brought to the table about 15 federal, state, and local public and private entities to discuss how to meet the needs of Helena's homeless population. Working as a task force, the VRC met regularly between November 1999 and July 2000, undertaking various local projects.

VRC report: The VRC presented a final report to the Subcommittee in August 2000. The report listed the following as VRC accomplishments:

- < A DAV van was added to the God's Love homeless shelter to provide homeless veterans with transportation to the VA at Fort Harrison.
- < A DPHHS staff nurse began to provide basic health screening and medication checks at God's Love on a voluntary but regularly scheduled basis.
- < The VA funded the publication of a Helena-area resource guide, which the VRC suggested could be used as a template for other communities. The guide lists the phone numbers of various types of services for the homeless, from hospital care to legal services.
- < The Helena Job Service participated in the VRC meetings to help with outreach and job placement.
- < The VA initiated a search for grants to provide beds and services for homeless veterans at local shelters.*
- < A computer system, with e-mail addresses for homeless veterans, was incorporated into the God's Love shelter.

Maj. Gen. Prendergast reported that the VRC's most noteworthy accomplishment was the opening of lines of communication and coordination between veterans and service providers.⁴⁸

The VRC's recommendations: The VRC report included the following recommendations to improve services for the homeless:

- < increased funding to help state agencies further support Stand Down events;

* As of November 1, 2000, legislative staff had not received followup information from the VA related to this search.

- < use of the VRC and the Helena-area resource guide as a model for other communities to follow;
- < continued communication and coordination among veterans' service organizations and service providers;
- < a state-funded program to help individuals and organizations capture federal grant money;⁴⁹ and
- < funding for a full-time position that would act as a statewide coordinator for homeless services.⁵⁰

Veteran reaction and recommendations

Officers of Chapter 626 of the VVA reacted to the VRC report and offered their own report and recommendations. Their testimony highlighted the following:

- < The VRC's efforts were a commendable start.
- < However, veterans did not feel welcomed to participate as members of the VRC because it operated on an *ad hoc* basis with little notice of meetings and without specific invitation to veterans' service organizations.
- < Veterans need to be included in decisionmaking processes so that a human bridge and trusting relationship can be established between veterans and government agencies that provide services.
- < The resource guide that the VRC and VA developed failed to mention the Missoula Vet Center's satellite office in Helena, which is a cornerstone of community-based counseling services for local veterans.
- < The challenges that veterans face are much broader than homelessness because many other veterans are on the verge of homelessness or will not admit to being homeless.
- < A study bill was needed to request further legislative examination of key issues, including the following:
 - Ÿ how to *prevent* homelessness among veterans;
 - Ÿ how the VA's resource allocation decisions are made and the extent to which those decisions shift costs to

state and local providers;

- how to include veterans and give proper consideration to veterans' needs when priorities are being set; and
- how to establish a grant program to help community-level coordination of veterans' services.⁵¹

Staff analysis

The key veterans' issue that surfaced repeatedly this interim was the need for more effective communication and coordination of services to maximize available resources. The following options to address this issue could be further considered by the Legislature:

- < Statutorily specify that the Montana Board of Veterans' Affairs or the MVAD has a mission to conduct outreach and coordinate veterans services provided by federal, state, and local public agencies and allocate additional staff and resources to the MVAD.
- < Create a statutory veterans' affairs advisory council to represent veterans on matters of fiscal and public policy affecting veterans (similar to the planning and advisory councils allocated under DPHHS or the environmental advisory councils under the Governor's office).
- < Create an interagency coordinating council on veterans' services (similar to the interagency coordinating council for state prevention programs established in section 2-15-225, MCA).
- < Establish a veterans' ombudsman or state coordinator of veterans' affairs under the Governor's office or other agency (similar to the state coordinator of Indian affairs established in section 2-15-217, MCA, or the coordinator of aging established in 2-15-2206, MCA).
- < Establish a temporary program/pilot project through which a statewide outreach and coordination plan could be developed and potential funding sources could be researched and identified, and require a report to the next Legislature or an appropriate interim committee.
- < Request an appropriate interim committee be assigned to further study options and develop recommendations regarding veterans' services.

Subcommittee action

The Subcommittee voted to request a study resolution for the next interim and directed that the resolution incorporate the specific issues raised by the VVA officers' testimony to the Subcommittee on September 14, 2000. (See LC 200 at Appendix B.)⁵²

CHAPTER 6: OTHER VETERANS' ISSUES

Resident hunting and fishing licenses

A staff member for U.S. Senator Conrad Burns forwarded to the Subcommittee on Military and Veterans' Affairs (SAIC) an issue that involved an active duty military service member who was a legal resident of Montana but was stationed in another state. Evidently, the service member was allowed by that state to hunt and fish on the military reservation in that state using the state's resident license. When the service member tried to exercise his resident hunting and fishing privileges in Montana, the Department of Fish, Wildlife, and Parks, under current Montana state law, moved to prosecute the service member for fraudulently obtaining a Montana resident license.

Subsequent to the referral of that particular service member's situation, the Subcommittee chairman received letters from other service members in similar situations.

While not interested in interfering with any ongoing legal proceedings, Senator Don Hargrove, Presiding Officer of the Subcommittee on Military and Veterans' Affairs, requested a legislative staff information brief on the relevant state statute, section 87-2-102, MCA. Subsection (4)(d) of that statute provides that, for the purposes of a resident hunting, fishing, or trapping license, a resident must "not possess or apply for any resident hunting, fishing, or trapping licenses from another state or country or exercise resident hunting, fishing, or trapping privileges in another state or country".

The legal memorandum, prepared by Staff Attorney David Niss, concluded the following:

Section 87-2-102(4)(d) acts to deny a Montana resident who is in active federal military service in another state and who has applied for or received a resident hunting license in that state from qualifying for a Montana resident hunting license. If the Subcommittee or a member believes that the public policy decisions implicit in that statute were incorrectly made or that those decisions should in any event be reversed, legislation may be requested and introduced to except from 87-2-102(4)(d) a person qualifying as a resident under 87-2-102(1)(a).⁵³

At its August 3, 2000, meeting, the Subcommittee voted to request legislation to amend section 87-2-102, MCA, so that a military service member who is otherwise eligible for a Montana resident hunting, fishing, or trapping license will not be denied resident privileges simply because another

state provides that person with a resident license by virtue of that person's active duty military status. (See LC 204 at Appendix B.)

Vehicle registration for disabled veterans

Another issue forwarded to the Subcommittee from U.S. Senator Conrad Burns' office involved a situation where a 100% disabled veteran was unable to register a truck used to pull a travel trailer under a state law that waives vehicle registration taxes and fees for a veteran who is 100% disabled because of a service-connected injury. Section 61-3-332(10)(c)(ii), MCA, provides that a 100% service-connected disabled veteran may register "a passenger vehicle or a truck with a GVW-rated capacity of 1 ton or less" for \$5. However, the veteran's truck was more than a 1-ton. Therefore, he was no longer eligible for the \$5 registration.

Some subcommittee members were concerned about raising the GVW-rated capacity from the 1-ton limit because it could go beyond the scope of the presented issue by allowing commercially used trucks to be registered for \$5.⁵⁴ Consequently, at its September 14, 2000, meeting, the Subcommittee voted to request legislation to add "a truck used to pull a travel trailer or camper" to the list of vehicles that could be registered by a 100% disabled veteran for \$5. Subcommittee members briefly discussed how vehicle registration officials would be able to determine whether the truck was to be used for the stated purpose. However, members agreed that their interest was not in policing an individual's usage of the truck, but to provide reasonable guidelines that allowed 100% disabled veterans to register for only \$5 a vehicle for personal or recreational purposes.⁵⁵ (See LC 203 at Appendix B.)

Disposition of veterans' unclaimed remains

Public testimony received by the Subcommittee on August 4, 2000, revealed that at least one and possibly many other funeral homes in Montana still retain the unclaimed cremated remains of deceased veterans, some dating back to the early 1900s. The VVA's honor guard became aware of the issue in its capacity of providing honor guard services for interment ceremonies at the Montana State Veterans' Cemetery at Fort Harrison.⁵⁶

Mr. Mike Hankins of the VVA honor guard urged the Subcommittee to consider legislation to relieve funeral homes of liability when the funeral home released unclaimed veterans' remains to a veterans' service organization. Mr. Hankins estimated that some remains have been in storage for up to 70 years, that there were probably 750-800 veterans' remains still in storage statewide, and that fewer than 40 were pre-WWII veterans. He also stated that the veterans' service organizations would take responsibility for and pay the costs associated with the proper interment of

the remains.⁵⁷

Mr. Jim Jacobsen, Administrator of the MVAD, testified that there are federal and state benefits related to veterans' burial and that those benefits were paid to family members or funeral homes. (Further details on these benefits is provided in Chapter 4.) Mr. Jacobsen also noted that a veteran's headstone is free, but it has to be properly encased in concrete; there is a \$70 benefit from the county, but the actual cost of the work is increasing beyond that amount, and the requirement for a vault adds another \$85 to \$100 in burial costs.⁵⁸

Cursory research by legislative staff indicated that there seemed to be no standard for designating remains as "unclaimed". At least one funeral home director indicated considerable concern about potential litigation unless state law could offer some legal protection.

After discussing this issue, the Subcommittee decided to request a bill draft to address the issues raised by Mr. Hankins. The bill, approved by the full SAIC as a Committee bill, relieves funeral homes of simple negligence if it releases unclaimed veterans' remains to a veterans' service organization. The bill also specifies that a funeral home may designate a veteran's remains as "unclaimed" if the funeral home has stored the remains for at least 20 years* and has made a reasonable effort to locate next of kin.⁵⁹ (See LC 201 at Appendix B.)

VA records released to the FBI

At the full SAIC meeting following the Subcommittee's August 3, 2000, meeting, Mr. Dan Cochran, of Chapter 626 of the VVA, presented to the SAIC information suggesting that the VA had released more than 80,000 veterans' medical records to the FBI. Mr. Cochran urged the SAIC to consider the implications this could have on the civil rights of veterans who, for the purposes of VA disability claims, had been labeled "mentally incompetent", but were not actually mentally incompetent under definitions used outside of the VA.

Alarmed by the apparent release of VA medical records to the FBI, the SAIC voted to include this issue in the Committee's requested study resolution and to also draft a letter to the Congressional Delegation requesting further investigation into the matter.⁶⁰

Special license plates

* Twenty years was decided on in the context of discussion about allowing enough time for a veteran's minor child, if any, to reach the age of majority.

At the September 14, 2000, Subcommittee meeting, Mr. Herb Ballou, a Purple Heart WWII veteran, testified that as a 100% service-connected disabled veteran and Purple Heart recipient, he should be able to license a vehicle and display the Purple Heart plate free of taxes and fees, except for the special \$5 fee. He noted that current law waives the taxes for a 100% service-connected disabled veteran and allows the veteran to register one vehicle for \$5. However, he was told that only the "DV" insignia plate could be displayed. Because he wanted to display the Purple Heart plate (that he was eligible for) instead of the DV plate, he had to pay the full registration fee. Mr. Ballou urged the Subcommittee to consider legislation to amend the statute to clarify that a 100% service-connected disabled veteran could display any of the special military license plates for which the veteran was eligible.*

The Subcommittee briefly discussed the matter and agreed to request legislation to clarify that a veteran with a 100% service-connected disability was allowed to get either the DV plate or any of the other special military plates for which the veteran was eligible, free of regular vehicle registration taxes and fees.⁶¹ (See LC 202 at Appendix B.)

* Section 61-3-332(10)(c)(i), MCA, states that a 100% disabled veteran may be issued either the DV plate or "one set of any other military-related plates that the disabled veteran is eligible to receive under this section", but may be unclear about whether the special \$5 rate is applicable to the other set of plates.

CHAPTER 7: YOUTH CHALLENGE PROGRAM

Background

The National Guard Youth Challenge Program was authorized by Congress in 1993.⁶² The National Guard Bureau administers the program through individual agreements with state Governors and The Adjutants General, who are appointed senior officers in charge of state National Guard organizations. The National Guard Youth Challenge Program is outlined and implemented according to nationally established guidelines.⁶³

Congress initiated the Youth Challenge Program in response to recommendations included in a study published by the Center for Strategic and International Studies. The study recommended a military training model be used to develop and implement a youth intervention program for high school dropouts and to teach the values, self-discipline, and life coping skills needed for these youth to finish high school and to find a job, move on to higher education, or join military service.⁶⁴

Youth Challenge students/cadets are organized into teams, squads, and platoons. As in a military training situation, each cadet is given the opportunity to hold a leadership position and to be responsible for the group's accomplishments.⁶⁵

The program is entirely voluntary and students may choose to leave the program at any time.

At least 27 Youth Challenge programs operate nationwide.⁶⁶

Montana's program

Based on statistics compiled by the Office of Public Instruction, the Montana National Guard's state plan for the Youth Challenge Program cites the following conditions as the rationale for establishing the program in Montana:

- < each year, more than 2,000 Montana youth fail to complete high school;
- < there is an escalating incidence of illiteracy, unemployment, substance abuse, crime, and unwanted pregnancies among Montana's youth; and
- < projections indicate that new jobs will require a work force with a median education level of 13.5 years, while occupations that employ non-high school graduates are among the slowest growing and poorest paying in the economy.⁶⁷

According to the state plan, the purpose and goal of the program is to "positively influence at-risk youth by providing the tools to improve self-esteem, education, and life skills through a program that provides a highly structured environment which empowers the youth to take charge of their lives."⁶⁸

Montana's Youth Challenge Program became operational in September 1999. The program is conducted for 100 students twice each year.

Cost

The Montana Youth Challenge Program is funded for the biennium ending June 30, 2001, with federal money and state matching funds. For FY 2000, House Bill No. 2 appropriated \$1.96 million in federal funds from the National Guard Bureau and \$840,000 from the state general fund. For FY 2001, \$1.82 million was appropriated in federal funding, with a \$760,000 state match from the state general fund.⁶⁹

However, DMA later requested a budget amendment because, while the required state match was 30% in FY 2000, the state match was supposed to be increased to 35% for FY 2001. Consequently, there was a shortfall in state matching funds. The budget amendment was approved by the Governor's budget office in October 2000. Combined with a reversion of unused funds from FY 2000, the additional funding totaled a little more than \$175,000, which was transferred from the Montana Department of Labor and Industry under the Workforce Investment Act of 1998.⁷⁰

A budget breakdown presented to the Subcommittee showed that, nationally, the average cost per student is \$14,000.⁷¹

For the program to continue operation for the 2002-2003 biennium, the 57th Legislature would need to again appropriate state matching funds. The following lists the state match since the program's inception in 1998:

<u>Fiscal Year</u>	<u>Percentage for State Match</u>
1998:	25%
1999:	30%
2000:	35%
2001 and each subsequent year:	40%

Staffing

The Youth Challenge Program is authorized to hire 43 staff positions.

Information provided to the Subcommittee's staff showed the following breakdown of staff positions:⁷²

- 1 Program director
- 3 Deputy directors
- 3 Recruiters (including one lead recruiter)
- 3 Administrative support positions
- 5 Teaching staff (including one lead instructor/principal)
- 3 Counselors (including one lead counselor)
- 1 Commandant/Cadre staff supervisor
- 3 Team leaders
- 20 Assistant team leaders
- 1 Peer mentor (and other mentor volunteers)

Program curriculum

The Youth Challenge curriculum consists of two phases:

Phase I: a 5-month (22-week) residential course, which includes:

a 2-week "pre-challenge" program conducted at Fort Harrison (with about 140 students enrolled, but only 100 "making the cut" and moving on), and

a 20-week residential program conducted on the Western Montana College campus in Dillon.

Phase II: a 12-month post-residential, community-based mentor program, during which youth are matched with a mentor who provides followup support and assistance as the youth moves on to a job or to higher education.

The curriculum consists of eight core components as follows:

- < academics (each student works toward completing the high school equivalency certification, GED);
- < community service;
- < health, sex education, and nutrition;
- < job skills;
- < leadership;
- < life-coping skills;
- < physical fitness; and
- < responsible citizenship.

To graduate from the 22-week resident phase, a student must achieve at least an 80% efficiency rating in each of the eight core areas.

Eligibility criteria

To be eligible to participate in the program, a youth must:

- < be a U.S. citizen or legal resident;
- < be 16 to 18 years of age;
- < have withdrawn or been expelled from high school;
- < be drug free;
- < not be presently under supervision or probation;
- < not be awaiting sentencing or convicted of a violent crime;
- < be a Montana resident; and
- < be unemployed or underemployed.⁷³

Progress reports and program evaluation

The SAIC and Subcommittee on Military and Veterans' Affairs received several progress reports on the Youth Challenge Program from Mr. Mike Royer, the program director. Of 176 total applicants for the first class, 119 were selected and enrolled in the Pre-Challenge program. Of those 119 students, 82 entered the full program and 43 graduated.

In the first class, 70% of the student were male, 30% of the students were female (which is a 10% higher female to male ratio than the national average). Of 35 Native Americans initially enrolled, 18 finished the Pre-Challenge program and moved into the full program. Of those 18 students, 7 graduated.

In class two, of 197 applicants, 153 (including 56 Native Americans) were accepted into the Pre-Challenge program and 124 students (including 25 Native Americans) entered the full program. (Class two was still in progress when the SAIC received this progress report.)⁷⁴

Mr. Royer reported that the success rate of the first class in terms of students completing their GEDs was 67%, which is equivalent to the national average. The highest success rate nationwide is in the low 80th percentile.⁷⁵

Mr. Royer also reported that more than 50% of the students in class one earned college credits during the resident phase of the program. The following outcomes were reported regarding the post-residential phase of the first class: 17 youth planned on attending college; 4 youth opted for vocational training; 10 youth intended to join the military; 11 youth opted to work full time; 1 youth intended to join the job corps. Mr. Royer also reported a 100% mentor match.⁷⁶

Site visits

The Subcommittee on Military and Veterans' Affairs visited the Pre-Challenge program at Fort Harrison in September 2000. The full SAIC and the Children, Families, Health, and Human Services Interim Committee were also invited. During the visit, legislators received a briefing from Mr. Royer, toured facilities, and visited with students and staff.

The Subcommittee will visit the full program in Dillon sometime after the November 2000 election and will be able to visit with the same group of students they encountered during the Pre-Challenge visit.

Areas for improvement

Program Director Mike Royer identified the following as his goals for improving the program:

- < increase the number of youth attending Pre-Challenge;
- < increase the overall retention rate in Pre-Challenge;
- < increase the number of Native Americans who graduate from Pre-Challenge to the full program; and
- < increase the percentage of graduates from the full Challenge program.

ENDNOTES

1. Section 5-5-228, Montana Code Annotated (MCA).
2. The primary source for the summary of how the VA evolved and operates is:

The National Veterans Legal Services Project, *Veterans Benefits Manual: An Advocates Guide to Representing Veterans and Their Dependents*, Vol. I, 2001 S Street, N.W., Suite 610, Washington D.C., 1991, pp. 1-2 through 1-14.
3. The 104th U.S. Congress, Veterans' Health Care Eligibility Reform Act of 1996, Public Law 104-262.
4. U.S. Department of Veterans Affairs, "The Changing Veteran Population: 1990-2020," Assistant Secretary for Planning and Analysis, Office of Program and Data Analysis, March 2000, slide 70.
5. U.S. Department of Veterans Affairs, "Facts about the Department of Veterans' Affairs," VA Fact Sheet, January 2000, p. 1.
6. U.S. General Accounting Office, *VA Hospitals: Issues and Challenges for the Future*, GAO/HEHS-98-32, April 30, 1998.
7. U.S. Department of Veterans Affairs, "The Changing Veteran Population: 1990-2020."
8. U.S. Department of Veterans Affairs, "The Changing Veteran Population: 1990-2020," slide 63.
9. U.S. Department of Veterans Affairs, "The Changing Veteran Population: 1990-2020."
10. Kathleen O'Leary Morgan and Scott Morgan, eds., *State Rankings 2000: A Statistical View of the 50 States*, 11th ed., (Lawrence: Morgan Quitno Press, 2000), 90-91.
11. Montana Veterans' Affairs Division, "M.V.A.D: Service for Those Who Served", a handout to the Subcommittee on Military and Veterans' Affairs, *Minutes*, Montana Legislative Services Division, September 9-10, 1999, Exhibit #4.
12. The American Legion, *Bulletin*, No. 10-00, Veterans' Affairs and Rehabilitation Commission, May 31, 2000.

13. U.S. Department of Veterans Affairs, "The Changing Veteran Population: 1990-2020," slides 70-72.
14. United States General Accounting Office, "VA Hospitals: Issues and Challenges for the Future," pp. 2-14.
15. U.S. Department of Veterans Affairs, "The Changing Veteran Population: 1990-2020," slides 73-74.
16. Ibid., slides 75-76.
17. Subcommittee on Military and Veterans' Affairs (SAIC), *Minutes*, Montana Legislative Services Division, February 28, 2000, p. 6.
18. Interviews and information collected from Mr. Bob Phillips, director of the Billings Vet Center (406/657-6071) and Mr. Greg Burham, director of the Missoula Vet Center (406/721-4918).
19. U.S. Department of Veterans Affairs, "State Cemetery Grants Program: General Information", downloaded from the VA internet web site at <http://www.cem.va.gov>, October 2000.
20. Section 2-15-1205, MCA.
21. Section 10-2-102(1), MCA.
22. Section 10-2-104, MCA.
23. Montana Veterans' Affairs Division (MVAD), memorandum to Sheri Heffelfinger from James F. Jacobsen, dated June 21, 2000, with enclosures.
24. Sections 10-2-106 and 10-2-107, MCA.
25. MVAD, memorandum to Sheri Heffelfinger from James F. Jacobsen, dated June 21, 2000.
26. Section 10-2-102(2), MCA.
27. Section 10-2-601, MCA.
28. MVAD, yellow briefing packet on the Montana Veterans' Affairs Division, (not dated, but updated packet provided to Sheri Heffelfinger on June 21, 2000).
29. MVAD, memorandum to Sheri Heffelfinger from James F. Jacobsen, dated June 21, 2000, pg. 2.

30. Ibid.
31. MVAD, green briefing packet on the Montana State Veterans' Cemetery and blue briefing packet on the Eastern Montana Veterans' Cemetery, (not dated, but provided to Sheri Heffelfinger on June 21, 2000).
32. Ibid.; see also the Legislative Fiscal Division, *Legislative Fiscal Report*, Vol. 2, June 1999, pp. D-107 and D-108.
33. Administrative Rules of Montana, Sections 34.5.101 and 34.5.102.
34. Section 10-2-501, MCA.
35. Information provided by the Montana Veterans' Affairs Division.
36. Department of Public Health and Human Services, "Montana's Veterans' Nursing Homes Presentation to the Veterans' Affairs Interim Committee", August 2000; also, Subcommittee on Military and Veterans' Affairs, *Minutes*, Montana Legislative Services Division, August 2, 2000, Exhibit #2.
37. Ibid.
38. U.S. Department of Veterans Affairs, "VA Programs for Homeless Veterans," VA Fact Sheet, June 1999, 1.
39. U.S. Department of Veterans Affairs, "The Changing Veteran Population: 1990-2020," slide 61.
40. Ibid.
41. National Coalition for Homeless Veterans fact sheet on Stand Downs accessed through <http://www.nchv.org>.

42. Jon Nachison, Robert Van Keuren, and Dick Talbott, *Vietnam Veterans of San Diego Stand Down Manual*, developed under a grant from the U.S. Department of Health and Human Services, August 1995.
43. SAIC, *Minutes*, Legislative Services Division, September 8-9, 1999.
44. Subcommittee on Military and Veterans' Affairs, *Minutes*, Montana Legislative Services Division, November 8-9, 1999, February 28, 2000, August 3, 2000, and September 14, 2000.
45. SAIC, *Minutes.*, November 8-9, 1999, p. 6.
46. *Ibid.*, pp. 1-4.
47. *Ibid.*
48. Subcommittee on Military and Veterans' Affairs, *Minutes*, Legislative Services Division, August 3, 2000, Exhibit #3, DMA memorandum to Sheri Heffelfinger, June 23, 2000.
49. *Ibid.*
50. Subcommittee on Military and Veterans' Affairs, *Minutes*, Legislative Services Division, August 3, 2000.
51. *Ibid.*, Exhibits #8, #9, and #10.
52. Subcommittee on Military and Veterans' Affairs, *Minutes*, Legislative Services Division, September 14, 2000.
53. David Niss, "Legal Memorandum: Montana Resident Fish and Game Hunting License Requirement Violations by Armed Forces Members Holding or Applying for a License From Another State", prepared for the Subcommittee on Military and Veterans' Affairs, Montana Legislative Services Division, February 15, 2000.
54. *Ibid.*
55. Subcommittee on Military and Veterans' Affairs, *Minutes*, Legislative Services Division, September 14, 2000.
56. Subcommittee on Military and Veterans' Affairs, *Minutes*, Legislative Services Division, August 3, 2000.

57. Subcommittee on Military and Veterans' Affairs, *Minutes*, Legislative Services Division, September 14, 2000.
58. Ibid.
59. Subcommittee on Military and Veterans' Affairs, *Minutes*, Legislative Services Division, August 3, 2000, and September 14, 2000.
60. Ibid.
61. Ibid.
62. Section 1091 of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484).
63. American Youth Policy Forum, *More Things that Do Make A Difference for Youth: A Compendium of Evaluations of Youth Programs and Practices*, Vol. II, (Arlington, VA: 1998) p. 27.
64. Montana National Guard Youth Challenge, "Executive Summary," provided to the SAIC and included in the SAIC's *Minutes*, Legislative Services Division, September 9, 1999, Exhibit # 6.
65. American Youth Policy Forum, *Op. cit.*, p. 28.
66. Testimony of Mr. Mike Royer, Director, Montana Youth Challenge Program, SAIC, *Minutes*, Legislative Services Division, February 28-29, 2000, p. 3.
67. Montana National Guard Youth Challenge Program State Plan 1999, p. 1.
68. Ibid.
69. Chapter 578, Laws of Montana 1999.
70. Information provided by Legislative Fiscal Division staff.
71. Department of Military Affairs, *Montana Youth Challenge FY 1999 Budget Proposal*, "Budget Roll-Up: Per Student Cost Averages", 1999.
72. Department of Military Affairs, *Montana National Guard Youth Challenge Program State Plan*, Appendix 1 to Annex F, June 15, 1999, p. F-1-1.
73. Montana National Guard, "Youth Challenge Program: National Guard Bureau Brief", Department of Military Affairs, 1999.

74. Mr. Mike Royer, briefing presented to the SAIC and summarized in SAIC, *Minutes*, Montana Legislative Services Division, February 28, 2000, p. 3-5 and Exhibit #1.
75. Ibid.
76. Ibid.

APPENDIX A

Meeting Dates and Major Agenda Items

The following is a list of the meeting dates during which pertinent information was provided to the SAIC or the Subcommittee on Military and Veterans' Affairs. This list is provided to aid readers interested in researching the meeting minutes and exhibits, which are available by contacting the Montana Legislative Services Division, P.O. Box 201706, Room 110, State Capitol, Helena, Montana, 59620-1706, (406) 444-3064, <http://www.leg.mt.gov>.

- | | |
|---------------------|---|
| November 8-9, 1999: | <i>Full SAIC:</i> Background on DMA and MVAD, discussion of 1999 Homeless Veteran Stand Down |
| November 9, 1999: | <i>Subcommittee on Military and Veterans' Affairs:</i> Discussion of veterans' issues related to the 1999 Stand Down |
| February 28, 2000: | <i>Subcommittee on Military and Veterans' Affairs:</i> Progress report issues related to the 1999 Stand Down and the Veterans' Resource Coalition |
| August 3, 2000: | <i>Subcommittee on Military and Veterans' Affairs:</i> Veterans' Resource Coalition report and recommendations; public testimony and Subcommittee action on a variety of issues |
| September 14, 2000: | <i>Subcommittee on Military and Veterans' Affairs:</i> Review and action on bill drafts |

APPENDIX B

BILL DRAFTS

Related to Military and Veterans' Affairs

**Requested by the
State Administration, Public Retirement
Systems, and Veterans' Affairs
Interim Committee**

The latest version of each bill draft will be available by accessing the Legislative Branch LAWS bill status system at: <http://leg.mt.gov>

APPENDIX C

VA Health Care Enrollment Priority Groups

Group 1:

Veterans with service-connected disability rated 50% disabling or greater.

Group 2:

Veterans with service-connected disability rated 30% to 40% disabling.

Group 3:

Former POWs; veterans whose discharge was for a disability incurred or aggravated in the line of duty; veterans with service-connected disabilities rated at 10% to 20% disabling; and veterans awarded special eligibility for disabilities incurred in treatment.

Group 4:

Veterans receiving aid and attendance or housebound benefits; and veterans who have been determined by VA to be catastrophically disabled.

Group 5:

Veterans with non-service-connected disabilities; and veterans with service-connected disabilities rated at 0% compensable *and* whose income and net worth are below established thresholds.

Group 6:

All other eligible veterans not required to make copayments for their care, including: (1) WWI and Mexican Border War veterans, (2) veterans receiving care for exposure to toxic substances or environmental hazards while in service, or (3) compensable 0% service connected.

Group 7:

Non-service-connected and noncompensable 0% service-connected veterans who need care, are not otherwise eligible for benefits, have income and net worth above established thresholds, but agree to make copayments.

APPENDIX D

Charts and graphs illustrating
some of the demographic characteristics of
Montana's veterans

APPENDIX E

Graphs of VA Expenditures

APPENDIX F

Graph of VA Facility Hospital Beds in VISN 19

APPENDIX G

**Montana Veterans' Affairs Division
Organizational Chart and Map**

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