



State of Illinois
Illinois Department of Veterans' Affairs

Illinois Discharged Servicemember Task Force

2014 Annual Report

TO THE GOVERNOR AND GENERAL ASSEMBLY





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FROM THE LEADERSHIP AT IDVA

We at the Illinois Department of Veterans' Affairs are pleased to present the 2014 Annual Report of the Illinois Discharged Servicemember Task Force. The report is full of actionable policy recommendations - from legislative ideas, to policy adjustments, to partnership identification - that can help all of us serve Illinois' veterans and their families better. It is our hope that through this report you will learn more not only about the challenges our veterans face, but also how you can help.

This year's report also summarizes the progress this agency and our many partners have made on implementing the recommendations from previous years' reports. We are heartened to see - and be part of - this Task Force producing not just words but action to support those who have served.

As always, thank you for being a part of the collective effort to support and empower the Illinois veteran community.

A handwritten signature in black ink, appearing to read "Erica J. Borggren".

Erica J. Borggren
Director
Illinois Department of Veterans' Affairs

A handwritten signature in black ink, appearing to read "Rodrigo Garcia".

Rodrigo Garcia
DSTF Chair
Assistant Director
Illinois Department of Veterans' Affairs

EXECUTIVE SUMMARY

It is our privilege to present the Illinois Discharged Servicemember Task Force's Fiscal Year 2014 Annual Report.

With an estimated 744,710 military veterans, Illinois proudly boasts the tenth largest veteran population in the country, representing 3.4 percent of the national veteran population.¹ Illinois is also home to numerous military facilities, including Naval Station Great Lakes, Scott Air Force Base, and the Rock Island Depot.

The Illinois Department of Veterans' Affairs (IDVA) continues to work diligently to assist, empower, and honor our state's military heroes, their families, and their survivors. IDVA empowers our veterans and their families to thrive by assisting them in obtaining the benefits to which they are entitled, by providing long-term health care for eligible veterans, and by partnering with other organizations to help veterans overcome obstacles related to employment, housing, behavioral health, education, and other challenges. This service is performed not just as an expression of gratitude but also as recognition that thriving veterans are tremendous resources for Illinois' economy and communities.

For years, Illinois has been a national leader in the endeavor to serve those who have served. We have developed and administered innovative programs to meet the needs of our veterans, their dependents, and the families of our fallen heroes. While most veterans in the state - both young and old - lead healthy, fulfilling lives upon return to civilian life, some do need additional support and guidance. A significant number of our younger and aging veterans are confronting formidable obstacles, including an economy with limited job openings, a struggling housing market, and the residual health effects of combat.

Pursuant to Public Act 95-294, effective August 20, 2007, IDVA created the Illinois Discharged Servicemember Task Force (DSTF). The mission of DSTF is to investigate the re-entry process for servicemembers who return to civilian life after active duty service. In order to accomplish this mission, DSTF convenes a team of experienced, professional veteran advocates and community leaders to analyze major issue areas and develop actionable policy recommendations.

This year's report includes an overview of and corresponding policy recommendations in four critical issue areas: Economic Vitality, Homelessness and Housing, Women Veterans, and Behavioral Health.

In addition to the policy recommendations generated by DSTF during its quarterly meetings, this report also includes policy recommendations proposed by several of the issue-focused working groups within Illinois Joining Forces (IJF). These working groups capitalize on the cross-sector expertise and perspectives of the 200+ veteran-serving organizations participating in IJF.

While strategies vary for each issue area, an underlying theme surfaces throughout the report: there is a continued need for greater mutual awareness and collaboration among Illinois' veteran- and military-serving organizations - including government agencies, non-profit organizations, and private sector entities - in order to facilitate best practice sharing, further leverage existing resources, and optimize outreach and service delivery to veterans and their families.

¹ National Center for Veterans Analysis and Statistics, "Veteran Population," U.S. Department of Veterans Affairs, retrieved on June 17, 2014, from www.va.gov/vetdata/veteran_population.asp.

DSTF ACCOMPLISHMENTS FROM 2012-2014

How DSTF Effects Real Change in Support of Illinois Veterans

Over the past three years, the Illinois Discharged Servicemember Task Force (DSTF) has generated a multitude of actionable, highly specific policy recommendations that have prompted real change in the interest of Illinois veterans and their families.

As opposed to exclusively concentrating on fiscal matters and budgetary proposals, DSTF has focused on opportunities to leverage existing resources, build greater collaboration among veteran-serving organizations, and identify practical, cost-minimal solutions to optimize service delivery to veterans and their families. As such, agency executives, elected officials, and leaders in the veteran community have utilized DSTF's expert guidance to:

- Synergize, re-tool and build the capacity of existing programs;
- Introduce and advance well-grounded legislation;
- Launch new outreach and advocacy efforts; and
- Build collaborative partnerships between key stakeholder organizations both in and outside the veteran community.



What follows is a list of accomplishments directly borne from or closely associated with DSTF's policy recommendations from 2012-2014. The implementation of these recommendations was spearheaded by the Office of Governor Pat Quinn, the General Assembly, the Illinois Department of Veterans' Affairs, the Illinois Department of Employment Security, the Illinois Housing Development Authority, Illinois Joining Forces, and various partner agencies and organizations in the areas of employment, education, homelessness and housing, prosthetics, behavioral health, economic vitality, and women veterans. The recommendations have been separated by the year they were proposed, and additional context is provided to summarize progress to date.

PROGRESS ON 2012 POLICY RECOMMENDATIONS

EMPLOYMENT

- **Attained Executive Order 13-02**, which tasked state agencies to identify overlaps and gaps between military training and state licenses and propose recommendations by which processes can be implemented that allow such training to be considered for purposes of state licensure requirements.
- **Passage of the Hiring Veterans Tax Credit**, which created an up to \$5,000 tax credit for businesses that hire jobless Post-9/11 veteran.
- **Hosted and supported dozens of "smart fairs" across the state** in partnership with the Illinois Department of Employment Security, helping change the job fair model to incorporate pre-registration, on-site interviews, and resulting job offers; also created Standard Operating Procedure for supporting a "smart fair."
- **Launched the Illinois Hires Heroes Consortium** in August 2012 to mobilize veteran-friendly employers and help them operationalize best practices to recruit, hire and support veteran employees (82 members as of June 2014).

EDUCATION

- **Passage of In-State Tuition for Student Veterans** - In August 2013, Governor Pat Quinn signed into law Public Act 98-0306, which grants state residency to student veterans using the Post-9/11 GI Bill, allowing them to qualify for in-state tuition.
- **Educated community college and university officials regarding American Council on Education (ACE) credit recommendations**, which enable veterans to receive academic credit for relevant military experience at participating educational institutions.
- **Passage of legislation that provides priority registration to veterans**; passed in August 2013, Public Act 98-0316 requires public universities and colleges to administer priority registration to veterans who are Illinois residents.

- **Aided dozens of schools in implementing veteran-friendly practices**, including (1) veteran-specific orientation sessions, (2) military cultural competency trainings for faculty, (3) supporting student veteran groups, and (4) designating veteran coordinators trained to assist veterans.

POST-TRAUMATIC STRESS

- **Formalized partnerships between veteran organizations and behavioral health service providers** through the formation of Illinois Joining Forces (IJF) in November 2012. IJF is a network of 200+ public and not-for-profit organizations working together to improve services to Illinois' military and veteran communities.
- **Created an interconnected referral network of service providers** through the launch and subsequent work of Illinois Joining Forces.

HOMELESSNESS

- **Supported the attainment of a \$5 million investment to help military families afford homeownership** through Illinois's innovative Welcome Home Heroes program in May 2013.
- **Increased awareness and collaboration between service providers** through the launch and ongoing work of Illinois Joining Forces.
- **IDVA Launched its Women Veterans' Program** to provide support services to women veterans, including entrepreneurial training, an affinity group, and women veteran fairs.

PROSTHETICS

- **Enhanced existing partnerships between government, non-profit, and private service providers** through the Illinois Joining Forces collaborative framework (200+ veteran-service organizations).
- **Integrated resources, created a central database, and established an easy-to-use referral platform** through the launch of the Illinois Joining Forces website.

PROGRESS ON 2013 POLICY RECOMMENDATIONS

EMPLOYMENT & JOB TRAINING

- **Began implementation of Executive Order 13-02**, standardizing processes within state agencies for the translation of military experience toward state licensing standards.
- **Promoted and built enrollment in targeted train-to-hire programs**, including the Utility Worker Program, the Illinois State Parks Program, Cyber Aces, and the Building Operator Certification Program.
- **Organized more targeted hiring fairs/industry-specific seminars**, including those under Mission: Veterans 2 Entrepreneurs and the Hiring Our Heroes program.
- **Established a mechanism to better track and communicate with veteran-owned businesses in Illinois** in partnership with the Illinois Department of Central Management Services.
- **Advised in the update of the grading procedures used by the State of Illinois in evaluating veteran job applicants**, effectively ensuring that veterans applicants receive full and proper credit for their military training and education.
- **Urged the federal government to restore the 15 percent set-aside for Governors in the Workforce Investment Act** as a means to maintain the availability of targeted grants and employment support services for veterans.
- **Expanded opportunities for private sector HR managers to learn about veteran recruitment, retention and support services** through training webinars in association with the Illinois Hires Heroes Consortium.
- **Established information-sharing practices between state agencies** to (1) better understand the skills and demographic details of jobless veterans in Illinois and (2) track veteran hires at state agencies.

EDUCATION

- **Educated Veterans on Maximizing GI Bill Benefits: Protecting Access to the Illinois Veterans' Grant (IVG) and Illinois National Guard Scholarship (ING)** - Launched an ongoing advocacy effort to marry IVG/ING with the Post-9/11 GI Bill to maximize benefit availability to veterans.
- **Launched My Transfer Credits in March 2014 as a key step in the Making Military Training Count initiative.** My Transfer Credits (Transferology.com) is an online portal that student veterans can use to ascertain how prior military training counts toward academic credit at different educational institutions. My Transfer Credits now includes 44 of articulations.

- **Strengthened partnerships between the Veteran Support Community and the Illinois Board of Higher Education/Illinois Community College Board** to spur the development of new education policies and programs designed to assist veterans and their families.
- **Advocated for the Illinois Congressional Delegation to help restore break pay**, which helps ensure that student veterans have adequate financial assistance necessary to succeed in their academic pursuits.
- **Advocated for the Illinois Congressional Delegation to eliminate the exemption of the Post-9/11 GI Bill from the 90/10 Rule**, which would further ensure that for-profit educational institutions do not excessively target veterans for enrollment.

POST-TRAUMATIC STRESS

- **Formalized partnerships between the veteran/military community and behavioral health service providers** through the solidification of the Illinois Joining Forces Behavioral Health Working Group.
- **Enhanced support services for Military Sexual Trauma** through IDVA's Women Veterans' Program and the Illinois Warrior Assistance Program (IWAP).
- **Enhanced suicide prevention resources**, not only through the solidification of the Illinois Joining Forces Behavioral Health Working Group, but also through the eligibility expansion of the Illinois Warrior Assistance Program.
- **Optimized the coordination and delivery of behavioral health services** through the growth and development of the Illinois Joining Forces referral platform.

HOMELESSNESS & HOUSING

- **Attained a Veteran Housing Preference in the Low-Income Housing Tax Credit program for 2013**, which incentivizes housing developers to provide low-income veterans and their families with access to quality affordable housing.
- **Conducted a massive outreach campaign to public housing authorities, continuums of care, and other housing organizations** begun in July 2013 to share best practices, advocate for veterans housing preferences, and build stronger linkages.
- **Launched the effort to create a statewide directory of veteran-serving homelessness and housing facilities** to expedite referral capabilities and better coordinate service delivery among providers.

- **Urged federal officials to increase funding for the Supportive Services for Veterans Families (SSVF) Program**, which delivers preventive support services to veteran families at risk of homelessness.
- **Established synergies with the Veteran Justice Outreach (VJO) program and Illinois Joining Forces**, standardizing a referral process by which veterans and service providers can quickly access the nearest VJO officer.

PROGRESS ON 2014 POLICY RECOMMENDATIONS

ECONOMIC VITALITY

- **Revamped the Illinois Hires Heroes Consortium to boost membership and engage members more actively**, which will mobilize additional employers to recruit, hire and retain veteran employees.
- **Established an appeals/complaint process within the Veteran Business Program** to ensure that veteran-owned firms have a process through which they can raise concerns and prompt corrective measures relating to procurement.

WOMEN VETERANS

- **Preparing to create a comprehensive Women Veterans' Resource Guide**, which will delineate the various programs and resources targeted to women veterans and will be distributed broadly throughout the veteran community.
- **Engaged a broader array of community providers in the Illinois Joining Forces (IJF) Women Veterans' Working Group**, including women's health centers, domestic violence agencies, and other relevant providers, as a means to leverage existing programs in support of women veterans.
- **Developed positive community-building programs and activities for women veterans**, including networking seminars, affinity groups, and recreational events organized through IDVA's Women Veterans' Program and the Illinois Joining Forces Women Veterans' Working Group.

ALL-ENCOMPASSING

- **Launched an effort to establish veteran data markers** so when a veteran comes in contact with a state agency, their basic contact/demographic information and agency touch point will be shared with IDVA for outreach and service delivery purposes. Progress to date includes the passage of Public Act 097-0739, which provides for veteran markers on Illinois drivers licenses by the Illinois Secretary of State, and partnerships formed by IDVA with the Department of Health and Family Services (HFS) and Department of Revenue (DOR) to attain cross reference data to improve outreach and service delivery.

DSTF MEMBERSHIP

DSTF includes representatives from various federal and state agencies, veteran service organizations, and not-for-profit service providers. At its quarterly meetings, DSTF also benefited from the participation of numerous subject matter experts from academia, government, non-profit organizations, and private sector entities.

For FY 2014, DSTF was comprised of the following members:

- a) A representative of the Department of Veterans' Affairs, who shall chair the committee;

Rodrigo Garcia, Assistant Director, Illinois Department of Veterans' Affairs

- b) A representative from the Department of Military Affairs;

Maurice Rochelle, Deputy J9, Illinois Department of Military Affairs

- c) A representative from the Office of the Illinois Attorney General;

Grant Swinger, Military and Veterans Rights Bureau Chief, Office of the Illinois Attorney General

- d) A member of the General Assembly appointed by the Speaker of the House;

Representative Linda Chapa LaVia, State Representative, 83rd District

- e) A member of the General Assembly appointed by the House Minority Leader;

Representative Wayne Rosenthal, State Representative, 98th District

- f) A member of the General Assembly appointed by the President of the Senate;

Senator Michael Hastings, State Senator, 19th District

- g) A member of the General Assembly appointed by the Senate Minority Leader;

Senator Pamela Althoff, State Senator, 32nd District

- h) 4 members chosen by the Department of Veterans' Affairs, who shall represent statewide veterans' organizations or veterans' homeless shelters;

Mark W. Bowman, Sergeant Major, Illinois National Guard

Kevin Hull, Executive Director, Westside Institute for Science & Education

Kenneth Clarke, President & Chief Executive Officer, Pritzker Military Library & Museum

Alison Ruble, President & Chief Executive Officer, United Service Organizations of Illinois

i) One member appointed by the Lieutenant Governor; and

Jim Frazier, Gold Star Father and Survivor Outreach Services Officer, U.S. Army

j) A representative of the United States Department of Veterans Affairs shall be invited to participate.

Mary Ann Romeo, MSSW, VISN 12 Care Coordinator, U.S. Department of Veterans Affairs

Duane Honeycutt, Chicago VBA Regional Office Director, U.S. Department of Veterans Affairs



Economic Vitality: Employment, Education, and Entrepreneurship

Veteran Unemployment Statistics

Research consistently demonstrates that veterans, particularly the newest generation of veterans who served in Iraq, Afghanistan or both (Post-9/11 veterans), face greater challenges in finding employment than their non-veteran peers. In October 2011, the national jobless rate for veterans at large was 12.1 percent, compared to 9 percent for the general population. For veterans between the ages of 18 to 24, the jobless rate was a staggering 30.4 percent, compared to 16.9 percent for non-veterans in the same age range.²

Over the last three years, veterans' employment prospects have improved significantly. In March 2014, the national jobless rate for veterans at large was 6.0 percent - compared to 6.7 percent for non-veterans³ - and the jobless rate for Post-9/11 veterans fell to 6.9 percent, down from 9.2 percent in March 2013.⁴ For veterans between the ages of 18 to 24, recent reports indicate that the national jobless rate is 21.4 percent.⁵

Table 1: National Jobless Rates⁶

	March 2013	March 2014	Change (+/-)
Non-Veterans	7.4%	6.7%	-0.7%
Veterans over 18	7.1%	6.0%	-1.1%
Post-9/11 Veterans	9.2%	6.9%	-2.3%

In Illinois, researchers at the Bureau of Labor Statistics at the Illinois Department of Employment Security (IDES) emphasize that joblessness statistics at the state level are notoriously unreliable. Sample sizes are too small to draw a valid estimate with a suitable margin of error.

² Beucke, Dan. "Unemployment for Young Vets: 30%, and Rising," Businessweek.com, November 11, 2011, retrieved on April 25, 2014, from www.businessweek.com/finance/occupy-wall-street/archives/2011/11/the_vets_job_crisis_is_worse_than_you_think.html.

³ Bureau of Labor Statistics, "Table A-5. Employment status of the civilian population 18 years and over by veteran status, period of service, and sex, not seasonally adjusted," U.S. Department of Labor, April 4, 2014, retrieved on April 25, 2014, from www.bls.gov/news.release/empsit.t05.htm.

⁴ Ibid.

⁵ Bureau of Labor Statistics, "Table 2A. Employment status of persons 18 years and over by veteran status, age, and period of service, 2013 annual averages," U.S. Department of Labor, March 24, 2014, retrieved on May 1, 2014, from www.bls.gov/news.release/vet.t02A.htm.

⁶ Bureau of Labor Statistics, "The Employment Situation – March 2014," U.S. Department of Labor, April 4, 2014, retrieved on April 25, 2014, from www.bls.gov/news.release/archives/empsit_04042014.pdf.

Employment Challenges Facing Young Veterans

Despite indications that joblessness is decreasing, and despite the fact that more and more employers recognize that returning veterans offer a variety of skills and leadership abilities of great value, many veterans continue to face barriers relating to employment. Young veterans face even greater challenges. Recent reports indicated that among veterans 18 to 24 years old, the jobless rate is 21.4 percent, and among veterans 25 to 34, the jobless rate is 9.1 percent.⁷

As the Services downsize and the conflicts of the last 13 years wind down, the employment landscape will become more competitive, with more than 300,000 servicemembers projected to leave the military each of the next four years. In Illinois, experts estimate that over 53,000 Post-9/11 veterans currently reside in the state, and from 2012-2017, over 35,000 additional servicemembers will rejoin communities in Illinois.⁸ The need for employment, education and entrepreneurship services is particularly important for these men and women, for whom employment, family adjustment and coping with past military adversities are all wrapped into a single “transition” experience.

When asked why young veterans are struggling to obtain employment, experts at IDES note that the chief reason is “the lack of civilian work and work-search support structure before enlisting.”⁹ IDES officials also underline the fact that many veterans face difficulties translating their military experience to civilian professions. In addition, they emphasize that returning servicemembers often take more time off before launching a job search, which decreases the likelihood that employment will be obtained expeditiously.

For those younger veterans who are employed, many struggle to obtain a position that befits their capabilities and provides a livable, family-supporting income. Among Post-9/11 veterans in Illinois, 33 percent earn less than \$20,000 annually, 46 percent earn less than \$30,000 annually, and 69 percent earn less than \$50,000 annually. On top of that, 12 percent are low-income, living between 100 percent and 200 percent of the poverty line, and 7 percent live below the poverty line, which equates to \$11,170 annually for a single person and \$19,090 for a family of three.¹⁰

Employment Challenges Facing Vietnam Veterans

In addition to young Post-9/11 veterans, subject matter experts underscore the evolving employment and economic challenges confronting Vietnam veterans, particularly since the Great Recession. For veterans

⁷ Bureau of Labor Statistics, “Table 2A. Employment status of persons 18 years and over by veteran status, age, and period of service, 2013 annual averages,” U.S. Department of Labor, March 24, 2014, retrieved on May 6, 2014, from www.bls.gov/news.release/vet.t02A.htm.

⁸ Illinois Department of Veterans’ Affairs, “Illinois Veterans: Demographics, Challenges, & Strengths,” Illinois Department of Veterans’ Affairs, April 7, 2014.

⁹ Illinois Department of Employment Security, “IDES Chosen for Veteran Employment Initiative,” Illinois Department of Employment Security, September 18, 2013, retrieved on April 25, 2014, from www.noodls.com/view/ADAEB324FD8FD149A145D8F5B502FBF5238D45A5.

¹⁰ Social IMPACT Research Center, “New Veterans in Illinois: A Call to Action,” Social IMPACT Research Center at Heartland Alliance, December 2012, retrieved on May 2, 2014, from www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION.

between the ages of 55 and 64 that served during WWII, Korea, or Vietnam, the jobless rate is 7.2 percent.¹¹ While this figure is lower than the employment rate for younger veterans, subject matter experts emphasize that this cohort of jobless veterans struggles with a unique set of challenges. Many of them are dislocated workers, facing joblessness because their employer closed or relocated the company, or because their position was outsourced overseas. And experts note that their age can adversely impact their employability and lead to struggles with long-term joblessness. Earlier in their careers it may have been easier to rebound from career setbacks, but the longer that they are unemployed, the harder it becomes to find work. Economists note that aging workers' skills may be viewed as outdated, their professional networks and contacts may have dwindled, and prospective employers may view them as damaged goods.¹² Layered on to these challenges which civilians in the same age range also encounter, many aging veterans experience increased difficulties with the residual health effects of combat. As such, leaders in the veteran community emphasize that new employment initiatives need to account for the special needs facing these veterans.

Employment and Economic Challenges Facing Disabled Veterans

With the wars in the Middle East winding down and more servicemembers returning home, there has been considerable focus on the high prevalence of Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), depression, as well as a host of other physical and psychiatric conditions. While many veterans will seek and obtain treatment for their medical problems, with their functioning either partially or fully restored, many other veterans will experience a period of disability that will significantly impact their capacity to sustain employment, to support their families and themselves, and to otherwise live a full and rewarding life. Disability in these veterans can be partial or total, and the course can be temporary, or chronic and permanent. Because a disabled veteran's capacity to earn a living and support themselves may be significantly impaired during whatever period of disability occurs, experts emphasize that pursuit of cash disability benefits may well be necessary.

Unfortunately, veteran advocates note that the process of being approved for disability benefits can be lengthy and stressful for veterans, and the outcome of the process is far from certain. Much attention has been paid to the challenges of securing timely compensation and pension from the VA, despite considerable energy and resources being directed to improving this process by that agency. For many eligible veterans, applying for cash disability benefits from the Social Security Administration (SSA) may prove to be a more rapid means of securing disability income.

¹¹ Bureau of Labor Statistics, "Table 2A. Employment status of persons 18 years and over by veteran status, age, and period of service, 2013 annual averages," U.S. Department of Labor, March 24, 2014, retrieved on May 1, 2014, from www.bls.gov/news.release/vet.t02A.htm.

¹² Woolhouse, Megan, "Long-term joblessness hits older workers hard," *The Boston Globe*, March 13, 2013, retrieved on May 1, 2014, from www.bostonglobe.com/business/2013/03/24/shut-out-unemployed-older-americans-struggle-recover-from-job-loss/Xjfh2ucT7VCYsQ1v8IMrjL/story.html.

While many veterans and service providers have identified SSA benefits a key resource to pursue during challenging times, the process is often slow at vital points, which can lead to a slew of problems, including loss of housing, repossession of vehicles, worsening credit, family tension and stress, as well as a range of other psychosocial problems related to lack of resources. Experts note that the average processing time for SSA disability applications is approximately 140 days (though this varies from state to state).

At the Day Hospital Program at the Jesse Brown VA Medical Center in Chicago, staff have established a model that has been successful at streamlining the process of securing approval of valid SSA applications. The model is focused collaboration between VA clinicians who are treating the veteran, SSA frontline staff who receive and process the initial applications for benefits, and state employees at the Bureau of Disability Determination Services, under the Illinois Department of Human Services who adjudicate the applications. The outcome of this long-term collaboration, albeit on a small scale and impacting a relatively small number of disabled veterans, has been a process by which disability applications can be initiated, completed, processed and approved, and the veteran receiving cash benefits, all within a matter of weeks rather than the typical multi-month process. In several cases, it has been possible to secure cash benefits for veterans in less than a week. As such, veteran advocates are actively exploring implementation of the Day Hospital Program model on a wider scale in the State of Illinois.

Targeting and Promoting Employment Support Services

In an effort to increase the usage of government-supported employment resources by veterans, state officials are making a concerted effort to utilize new technologies and new digital marketing strategies. Employment specialists at IDES have begun to utilize social media tools and online advertising platforms to promote veteran-specific employment opportunities. IDES officials note that initial pilot efforts have been successful in achieving a high penetration rate - meaning that individuals visit the linked website and submit a request for services. But while initial engagement is high, IDES officials note that individuals often drop off and fail to follow through on obtaining more intensive support services, even after IDES staff have made attempts to contact them by phone and/or email.

Leaders in the veteran community suggest that this may be partially attributable to negative perceptions of government-supported employment services. Some individuals think that seeking employment support through government agencies entails excessive paperwork, painstaking bureaucratic hurdles, and a prolonged, untimely process. At the same time, veterans, both young and old, may not realize that employment services offered through government entities can lead to meaningful, family-supporting career opportunities (as opposed to low-paying, less desirable positions).

That being the case, members of DSTF suggest that enhanced marketing and branding efforts should be implemented to counteract these negative perceptions and illustrate the numerous benefits in obtaining employment services through state agencies.

Job Training Programs

In addition to further targeting and re-branding employment support services, leaders in the veteran community are appealing for new and improved job training programs. In recent years, the Illinois Department of Veterans' Affairs (IDVA) and IDES have partnered with the Illinois Department of Commerce and Economic Opportunity (DCEO), educational institutions, and employers to establish a number of job training programs specific to veterans. The goal is to provide veterans with highly specialized training or specific credentials for a particular occupation, industry, or employer. Key components include hands-on experience, professional certifications, and job placement assistance that can lead to direct employment and long-term career stability.

Publicly supported job training programs for veterans are currently available in a variety of specialized work areas, including utilities, information technology, building operations, and security. Examples include the Cyber Aces Program, the Utility Worker Program, the Illinois State Parks Program, and the Building Operator Certification Program. While not all are exclusive to veterans, veterans have demonstrated a special aptitude to excel in these programs due to their past military experience and training.



In recent years, a number of veterans have effectively utilized these special programs to obtain employment, but experts note that a number of training providers are having difficulties identifying and recruiting veterans. In addition, training providers have struggled to minimize drop-out rates and build in incentives to ensure that veterans follow through until completion.

Subject matter experts emphasize that these programs are most successful when a job is guaranteed at the end of the training term. They underscore the fact that employers need to be actively involved on the front-end in order to create a direct pipeline from recruitment to training to job placement. This will help ensure that programs are customized to fit the needs of employers with open job orders.

In regard to high drop-out rates, experts point out that drop-out rates are highest when programs fail to offer an adequate living stipend for enrollees. In many instances, enrollees are not given a stipend that defrays basic living expenses; thus many are forced to exit the program in order to secure sufficient income elsewhere. In addition, DCEO's Legislative Task Force arrived at the conclusion that veteran-specific wraparound services provided by IDVA had a very positive impact in ensuring veterans maintain and graduate from such programs.

Mobilizing Employers to Recruit and Hire Veterans

While a variety of efforts are underway to provide veterans with support services and specialized training to attain gainful employment, mobilizing employers to recruit, hire, and support veteran employees is also important. In August 2012, IDVA and IDES launched the Illinois Hires Heroes Consortium (IHHC). IHHC is an alliance of veteran-friendly employers in Illinois who have pledged to operationalize their desire to be "veteran-friendly" through specific practices for the recruitment, hiring, and retention of veterans. Practices include, among others, training human resources staff to identify military-to-civilian skills and lexicon translation, participating in state-sponsored veteran hiring events, and highlighting veteran hiring/employment support programs on company media and web-based platforms.

While IHHC membership has grown markedly over the past year (from 14 members in April 2013 to 77 members as of April 2014), state officials are actively working to build awareness of IHHC and expand membership. Beyond that, veteran leaders are exploring new strategies to more fully engage current IHHC members in additional opportunities to support veteran job-seekers and employees. Member companies have demonstrated a special commitment to the veteran workforce, and IHHC administrators seek to leverage that interest to promote and develop additional train-to-hire programs, new recruitment practices, and other advancement opportunities for veterans. One aspect of this effort will be breaking down current IHHC members by industry sector (i.e. health care, energy, manufacturing, etc.) in order to target new initiatives and incentives more effectively. In addition, IDVA and IDES rolled out the IHHC Chronicle in the spring of 2014. The IHHC Chronicle is a quarterly newsletter distribution that delivers exclusive veteran hiring opportunities, news and resources to IHHC members.

Education Challenges in the Veteran Community

Intricately connected to employment challenges are issues relating to education. Despite the availability of education benefits and job training services offered to veterans through the Post-9/11 GI Bill, the Montgomery GI Bill, the Vocational Rehabilitation and Employment (VR&E) Program, and the Veterans Retraining Assistance Program (VRAP), a large number are encumbered by a lack of training and civilian job experience necessary to excel in today's highly competitive job market.

In Illinois, only 22 percent of Post-9/11 veterans possess a college degree. The vast majority (67 percent) possess only a high school diploma or educational equivalent, which makes it very challenging to compete for high-demand professional positions.¹³ Consequently, a number of returning servicemembers face joblessness, underemployment, poverty or dependency on family members' to meet basic financial needs.

Illinois Veterans' Grant/Illinois National Guard Scholarship

Some states, including Illinois, offer supplemental education benefit programs, like the Illinois Veterans' Grant (IVG) and Illinois National Guard Grant (ING), to augment existing federal benefits and further enable Illinois veterans to complete a four-year degree or go back to school for further training. IVG/ING benefits are particularly important to members of the Reserve and other servicemembers who are not eligible for the full, 100% Post-9/11 GI Bill. In addition, veterans lose eligibility for Post-9/11 GI Bill benefits after 15 years from their release from active duty.

While IVG/ING represents an exceptional long-term investment that produces a plethora of economic returns for the state, it has been a challenge to cover the upfront costs. With IVG having been primarily unfunded for the last several years, the financial burden falls on Illinois' educational institutions that must still grant tuition waivers. For IVG alone, educational institutions absorbed \$80 million in costs from 2009 to 2013.¹⁴

In light of these difficulties, leaders in both the education and veteran community are actively collaborating to maximize savings for educational institutions while maintaining robust benefits for student veterans. One key strategy involves a new configuration between IVG/ING and the Post-9/11 GI Bill. IDVA officials are working with the Illinois State Assistance Commission (ISAC) to draft new administrative rules that will generate savings for educational institutions by designating IVG/ING as the payer-of-last-resort for veterans who have less than 100 percent Post-9/11 GI Bill eligibility and who are concurrently drawing IVG benefits. As this rule change proceeds, state officials are seeking a waiver from federal officials to allow IVG/ING to serve as the payer of last resort for affected veterans. This will help veterans maximize their benefits as well as save waived tuition costs for public educational institutions in Illinois.

¹³ Social IMPACT Research Center, "New Veterans in Illinois: A Call to Action," Social IMPACT Research Center at Heartland Alliance, December 2012, retrieved on May 2, 2014, from <http://www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION>.

¹⁴ Illinois Student Assistance Commission, "2013 Data Book," Illinois Student Assistance Commission, retrieved on May 2, 2014, from www.isac.org/dotAsset/a171cb01-2c9a-450e-8ed6-f93a8aed09c0.pdf.

Veteran-Friendly Practices on Campuses

In addition to robust financial benefits, many veterans have benefited from the availability of veteran-friendly policies and practices offered by their college or university.

For example, student veterans often benefit from the availability of social and peer support networks on college campuses. Leaders in the veteran community emphasize that groups like Student Veterans of America (SVA) provide broad wraparound support services that greatly assist participating veterans. Student veterans utilize these centers to receive help understanding their benefits, obtaining referrals, and navigating school policies. In addition, these groups offer student veterans an exceptional opportunity to connect with other veterans, serve the local community, obtain hands-on leadership experience, and build a professional network that they can leverage for various future opportunities. Similarly, the Education Working Group of Illinois Joining Forces (IJF) is spearheading an effort to train faculty on military competencies and culture sensitivities. The training is delivered on-site at colleges/universities and conferences or via live webinars.



Beyond supporting student veteran groups, subject matter experts have identified a number of other practices that educational institutions can implement to better support their student veteran population, such as (1) offering orientation classes and workshops for incoming student veterans to help them effectively navigate campus programs and activities, (2) continuation of IJF-provided training for faculty and staff that outlines the distinct needs of student veterans and provides military culture competency, (3) providing veteran-specific employment resources at the school's career center, and (4) implementing in-state tuition and priority registration.

- **Access to Federal Financial Aid**

Beyond school policies and procedures, veteran advocates are also focusing on barriers that restrict access to financial aid. In particular, mounting attention has been placed on the current federal regulations that require students to make Satisfactory Academic Progress (SAP) in order to continue to receive financial aid. The maximum number of credit hours cannot exceed 150% of the credit hours required for an academic program. This is designed to prevent "career students" from taking advantage of aid without making progress toward a degree or credential.

But veterans, whose previous military training or coursework is not directly tied to their academic or career program, can be denied financial aid under this policy if they choose to have these military credits transferred. As such, subject matter experts emphasize that veterans should not be penalized for simply applying the credits they have earned, and members of the veteran community are pursuing an appropriate change to federal regulations.

Movement to Recognize Military Learning

Another critically important practice educational institutions can implement to support its student veteran population is to provide academic credit for prior military learning. As noted in a recent report from The White House, "many servicemembers are required to repeat education or training in order to receive industry certifications and state occupational licenses, even though much, and in some cases, all, of their military training and experience overlaps with credential training requirements."¹⁵ In this context, many veterans obtain formal training, hands-on instruction, and performance evaluations during their service that can be leveraged to fulfill academic degree requirements or professional licensing standards.

The majority of Post-9/11 veterans in Illinois have military experience in at least one of the following areas: logistics, infantry, support or medical.¹⁶ This experience can be translated to various credentialing requirements, but in many instances, the conversion is not obvious to educational institutions, licensing authorities, employers, or even to veterans themselves.

¹⁵ Executive Office of the President, "The fast track to civilian employment: Streamlining credentialing and licensing for service members, veterans and their spouses," The White House, 2013, retrieved on May 5, 2014, from www.whitehouse.gov/sites/default/files/docs/military_credentiaing_and_licensing_report_2-24-2013_final.pdf.

¹⁶ Social IMPACT Research Center, "New Veterans in Illinois: A Call to Action," Social IMPACT Research Center at Heartland Alliance, December 2012, retrieved on May 2, 2014, from <http://www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION>.

Leaders in the veteran and education communities are actively taking steps to advance military-to-civilian skills translation in two high-priority areas: toward (1) academic credit and (2) state licensing requirements.

- **Making Military Experience Count toward Academic Credit**

Veteran advocates in Illinois are working with educational institutions to help them implement prior learning assessment policies and procedures that allow for student veterans to receive credit for relevant military training. Particular focus has been placed on the American Council on Education's (ACE) *Guide to Evaluation of Educational Experiences in the Armed Services*, which is the standard reference work used by institutions to document recognized learning gained in the military.¹⁷ The ACE Guide is a very useful tool for recognizing the learning of former servicemembers and helping them complete a degree and at a lower cost.

At the same time, veteran advocates are actively looking at ways to expand the use of other assessment tools, such as portfolio-based assessments and credit by exam programs.¹⁸ These assessment tools, as well as others, can be used to support a more thorough evaluation of a servicemember's relevant military training and experience.

Various public and private educational institutions in Illinois have incorporated prior learning assessment tools into their credit transfer policies, but veteran advocates emphasize that more needs to be done to generate greater buy-in from educational institutions. For instance, a number of schools have expressed concerns regarding the rigor of ACE recommendations, causing hesitation in the implementation of credit transfer policies. Some are worried that there may be instances in which student veterans receive credit for curriculum that was not covered, for hours that were not obtained, or for coursework that was not taught by a credentialed instructor. In addition, some institutions maintain stricter standards for credit transfers. For example, some schools consider learning experience at military schools occupational in nature and therefore not eligible for transfer credit.

In light of these structural barriers, subject matter experts emphasize that additional partnerships with university leaders need to be established in order to boost the recognition of prior learning. In the spring of 2013, the IJF Education WG held a statewide symposium with faculty and transfer specialists and officials from the American Council on Education (ACE) to de-mystify the articulation process.

At the same time, for those educational institutions that have relevant assessment and credit transfer processes in place, student veterans are often unaware of these credit-earning opportunities; they thus move forward with important academic and financial decisions without full knowledge as to how they can fully leverage their military experience.

¹⁷ Snead, Kathy & Anderson, Clinton, "Expanding PLA options for veterans," CAEL Forum and News 2010, *Duty, Honor, Country... & Credit*, retrieved on May 2, 2014, from www.cael.org/pdfs/128_2010dutyhonorcountryandcreditforumandnews.

¹⁸ Berling, Vicky, "Awarding college credit for military training and experience: Campus strategies for adopting ace guide credit recommendations," CAEL Forum and News 2010, *Duty, Honor, Country... & Credit*, retrieved on May 2, 2014, from www.cael.org/pdfs/128_2010dutyhonorcountryandcreditforumandnews.

In response to this issue, working in tandem, the IJG Education WG and Transferology (formerly u.select) launched the Making Military Training Count initiative that articulated military training on designated military occupations at three participating colleges and universities. The articulations were then loaded onto the Illinois-customized Transferology platform for servicemembers and military veterans. Made public in March 2014, Transferology.com is a new online portal by which student veterans can see how their prior military learning counts toward degree requirements at different colleges and universities. Not only does this better equip veterans to choose an academic program suited to their prior learning experiences, career interests, and financial means, but it also provides a central coordination point for educational institutions to share and enhance credit transfer policies.

While Transferology offers a multitude of benefits, education specialists and veteran advocates emphasize that more needs to be done to build awareness for the new tool - particularly among veterans who can utilize the new website. Therefore, stronger collaborations need to be established with academic advisors, school faculty, and other cohorts that advise and communicate with student veterans on a regular basis.

- **Making Military Experience Count toward State Licenses**

There is also a strong movement underway to assist returning veterans in obtaining state licenses relevant to their military training. Many states, including Illinois, have passed legislation and implemented executive orders to allow for military training to count toward the requirements of state licenses when determined to be "substantially equivalent." A notable example relates to military medics, many of which have the training and experience to meet licensing standards for basic Emergency Medical Technicians (EMTs) or Certified Nursing Aides (CNAs). Other well-known articulations of military experience include military medics to licensed practical nurses; military truck drivers to commercial drivers' licenses; physical therapy specialists to physical therapy assistants; military police officers to law enforcement officers; and dental assistants to dental hygienists, to name a few.

On this issue, the key has been establishing processes by which licensing entities can determine how training acquired by servicemembers applies toward specific licensing requirements. Linkages are not always a clear (it varies based on the veteran's specific training, era of service, etc.) and at times there are gaps that need to be addressed.

Accordingly, following a gubernatorial Executive Order in 2013, veteran leaders in Illinois are working with licensing agencies to identify gaps and then assist educational institutions in designing bridge programs through which veterans can obtain any additional training necessary to fill the gap toward licensure. As of April 2014, thanks to funding from the National Governor's Association awarded through a competitive grant process, bridge programs are in development for the following occupations: licensed practical nurses, emergency medical technicians (paramedic), law enforcement officers, and physical therapy assistants.

Entrepreneurship Services and Programs for Veteran-Owned Businesses

Beyond education and employment services, there is a particular need for entrepreneurial assistance and business planning services among veterans and servicemembers. Military veterans are 45 percent more likely to be self-employed than non-veterans.¹⁹ In addition, studies indicate that 22 percent of veterans are either purchasing or starting a new business, or considering purchasing or starting one.²⁰ Many of these men and women face additional challenges in establishing successful entrepreneurial ventures, particularly during these difficult economic times. In order to help these entrepreneurs thrive - and concurrently, to help support the local economies to which these entrepreneurs belong and the veteran hiring to which veteran-owned businesses are naturally prone - veteran advocates note that access to and coordination of business planning services needs to be enhanced.

In recent years, stakeholder organizations in Illinois have developed and implemented a variety of programs and policy initiatives to address the evolving entrepreneurial and business needs of the veteran community. In addition to the provision of entrepreneurial services through IDVA's Mission: Veterans 2 Entrepreneurs program and the Women Vetpreneurship Program, veteran leaders have focused on efforts to enhance procurement benefits and access to capital for veteran-owned businesses.

- **Procurement Opportunities through the Veteran Business Program**

In August of 2011, Public Act 97-0260 was enacted, providing that 3 percent of the total dollar amount of state contracts be established as a goal to be awarded to veteran-owned small businesses each fiscal year. Eligible businesses included firms with annual gross sales under \$75 million that are 51 percent owned by one or more eligible veterans living in Illinois.

The Veteran Business Program (VBP), housed under the Illinois Department of Central Management Services (CMS), was established to support the legislation and oversee the certification process. Accordingly, IDVA partnered with CMS to build awareness for the program and advocate for policy remedies that make it easier for veteran-owned firms to access the program. Over the past year, IDVA and CMS have successfully established reciprocity with U.S. Department of Veterans Affairs and Cook County to enable certified veteran-owned businesses to obtain their state certification through an expedited application process. In addition, lawmakers passed legislation (Public Act 98-0307) that permits veteran-owned businesses that are certified as minority- or female-owned to also obtain their VBP certification.

¹⁹ Morris, Patrick. "Veterans Often Choose Entrepreneurship," U.S. Small Business Administration, May 6, 2011, retrieved on May 2, 2014, from www.sba.gov/content/50611-veterans-often-choose-entrepreneurship#.

²⁰ Walden Associated and REDA International, "Entrepreneurship and Business Ownership in the Veteran Population," U.S. Small Business Administration, November 2004, retrieved on August 29, 2013, from www.sba.gov/advo/research/rs242tot.pdf.

In addition to these policy remedies, state officials have undertaken a broad, multi-faceted outreach campaign with the goal of raising awareness and increasing program enrollment. As of result, VBP enrollment has grown from 23 to 73 - representing a 300 percent increase - over the course of March 2013 to March 2014.

While VBP enrollment has increased markedly over the last year, veteran advocates continue to actively explore new strategies to build enrollment across all commodity/service codes and expand procurement opportunities. A number of veteran business experts suggest that lawmakers should require all state entities to operationalize veteran procurement goals, emphasizing that this would incentivize business growth and job creation. Under current statutory regulations, agencies under state constitutional officers (i.e. Secretary of State, Attorney General, etc.) and public universities are exempt.

In addition, veteran advocates note that it would be beneficial to establish a formal appeals/complaint process through which veteran-owned firms can file a grievance in instances where there may be questions or issues pertaining to the administration of procurement guidelines; under the current framework, a formal process is not available to raise concerns and prompt corrective measures. Lastly, veteran advocates emphasize that state officials need to ensure that agency procurement officers are properly trained on veteran procurement goals and corresponding administrative processes.



- **Leveraging State Contracts to Obtain Capital**

Beyond refining the procurement process, veteran business experts note that access to capital is often a major obstacle to small business growth and job creation. Veteran advocates report that many firms are denied or have limited access to financial resources through conventional lending processes. They therefore advocate for new processes and programs that will enable them to attain competitive loans and financing opportunities.

On July 1, 2013, Public Act 98-0117 took effect in Illinois creating the Disadvantaged Business Enterprise (DBE) Working Capital Revolving Fund Loan Program to provide low-interest loans to disadvantaged businesses certified for participation on construction contracts procured through the Illinois Department of Transportation (IDOT). The DBE Loan Program will provide for assistance to business that are ready, willing, and able to participate in IDOT construction contracts with project financing costs through the availability of low-interest lines of credit.

Veteran advocates propose to give priority to dual status minority-owned and veteran-owned businesses participating in the DBE Loan Program. This will create a new opportunity for veteran-owned firms to access capital, through which they can expand their operations.

POLICY RECOMMENDATIONS

- 1. Enable Veterans to Receive Unemployment Insurance while Enrolled in Train-to-Hire Programs** - To help support the basic financial needs of veterans enrolled in train-to-hire programs and minimize drop-out rates, DSTF recommends that the state enable veterans to draw unemployment insurance while enrolled in state-sponsored train-to-hire programs.
- 2. Revamp the Illinois Hires Heroes Consortium to Boost Membership and Engage Members More Actively** - To mobilize additional employers to recruit, hire and retain veteran employees, DSTF recommends that the Illinois Department of Veterans' Affairs (IDVA) and the Illinois Department of Employment Security (IDES) engage new strategies to boost membership and prompt current members to develop new advancement opportunities for veterans. In addition, in order to raise awareness for IHHC, DSTF recommends that IDVA and IDES collaborate with state legislators to solicit their support in promoting IHHC in their districts.
- 3. Grant License and Certification Renewals for Veterans and Spouses with Military Service Obligations** - To ensure that the credentialing of servicemembers called to duty is not impeded, DSTF recommends that credentialing agencies grant licensure and certification renewals without penalty or re-examination to a veteran or the spouse of a veteran who is unable to renew a license or certification due to the obligations of military service.

- 4. Grant Time Extensions for Licensure and Certification Requirements Pertaining to Continuing Education** - DSTF recommends that for license holders called to active duty for military service, credentialing agencies grant these individuals an extension to complete continuing education requirements equal to the amount of time that the individual was on active duty.
- 5. Recognize Military Training for State Licensure Requirements relating to Continuing Education** - To provide due credit to current license holders who obtained relevant training during their military service, DSTF recommends that licensing agencies recognize and apply relevant military training to fulfill continuing education requirements (in addition to initial licensure requirements).
- 6. (a) Reaffirm the Importance of the Illinois Veterans' Grant amongst Illinois State Legislators** - To strengthen and build support for the Illinois Veterans' Grant to ensure its continuation for current and future generations of Illinois veterans, DSTF recommends that an educational document be composed and distributed to Illinois state legislators reiterating the importance of the program and urging lawmakers to dedicate state funding to reinforce its solvency.

(b) Establish the Illinois Veterans' Grant and the Illinois National Guard Scholarship as the Payer-of-Last-Resort - In order to maximize savings for educational institutions while maintaining robust benefits for student veterans, DSTF recommends that the Illinois Veterans' Grant (IVG) and the Illinois National Guard Scholarship (ING) be designated as the last payer for veterans with less than 100 percent Post-9/11 GI Bill eligibility who are concurrently drawing IVG benefits.
- 7. Collaborate with Systems of Higher Education to Enhance Credit Transfer Policies and Raise Awareness for Student Credit Transfer Tools** - To ensure that veterans receive due academic credit for relevant military experience, and to help meet the state and national demand for skilled labor, DSTF recommends that leaders in the veteran community work with the Illinois Board of Higher Education (IBHE) and the Illinois Community College Board (ICCB) to aid schools in implementing prior learning assessment policies and procedures. In addition, DSTF recommends that IBHE and ICCB be engaged in raising awareness for the Transferology-Illinois/Making Military Training Count initiative as well as other tools that assist student veterans in academic and career planning.
- 8. Collaborate with Systems of Higher Education to Standardize Faculty Training on Assisting Student Veterans** - To ensure that educators and staff are trained to assist and attend to the specific needs of student veterans, DSTF recommends that leaders in the veteran community work with Illinois Joining Forces Education WG and the Illinois Board of Higher Education (IBHE) and the Illinois Community College Board (ICCB) to aid schools in developing faculty training seminars on military cultural competence (based on the "train the trainer" model). DSTF also recommends that efforts should be made to standardize orientation sessions geared toward new student veterans on campuses across the state.

- 9. Provide Student Veterans with an Exemption from the Satisfactory Academic Progress Rule for College Credit** - To ensure that student veterans are not unfairly stripped of federal financial aid, DSTF recommends that veteran leaders in Illinois send a letter to the Illinois Congressional Delegation advocating for student veterans to be granted an exemption from the Satisfactory Academic Program (SAP) rule for college credit for military training or education. The federal regulations should be revised to count only what applies toward the student's degree or to allow a one-time waiver for military credit.
- 10. Establish an Appeals/Complaint Process for the Veteran Business Program** - To ensure that veteran-owned businesses have a mechanism through which they can raise concerns and prompt corrective measures relating to procurement procedures, DSTF recommends that the Veteran Business Program Committee incorporate a formal appeals/complaint procedure within the existing quarterly review process.
- 11. Give Priority to Veteran-Owned Businesses through the Disadvantaged Business Enterprise Revolving Loan Program** - To increase access to capital and growth opportunities for veteran-owned businesses, DSTF recommends that veteran-owned businesses be given priority for participation in the Disadvantaged Business Revolving Loan Program.



- 12. Introduce Legislation that Waives Start-Up Fees for Veteran-Owned Businesses** - To better ensure that early-stage veteran-owned businesses have the liquid assets available to sustain and grow into thriving enterprises, DSTF recommends that legislation be introduced in the State of Illinois that provides veteran-owned businesses with a one-time waiver from all state-imposed start-up fees (e.g. Initial Business Opportunity Processing Fee, Corporate Assumed Name Registry Fee, Article of Incorporation Filing Fee, etc.).
- 13. Build Out the Day Hospital Program Model for Streamlining the Social Security Disability Benefits Application Process*** - To increase the speed, accuracy and efficacy of the process of obtaining Social Security disability benefits for disabled veterans, DSTF recommends that the Day Hospital Program model be expanded on a wider scale in the State of Illinois. This will include the following components:
- a.** Development of a program for the training of mental health clinicians who treat disabled veterans that would provide focused training on understanding the SSA disability system and process, and on how to effectively summarize and document disabilities in their clients.
 - b.** Designation of key personnel at the Illinois Department of Human Services to serve as liaisons on veterans' applications once they arrive in Springfield for adjudication, to ensure timely processing of applications by staff with some training or advanced knowledge regarding veterans' medical/mental health problems and systems of care.
 - c.** Designation of key SSA staff at all field offices closest to the six VA Medical Centers in Illinois who would serve as liaisons to those VA facilities, with goal of expediting the initiation of applications for benefits and of collaborating with clinicians.

* All policy recommendations suggested for inclusion by IJF Working Groups do not imply endorsement of the recommendation by every Working Group member, but rather endorsement of the recommendation and approval by majority vote of the Working Group.

Homelessness and Housing

Veteran Homelessness at the National Level

In 2009, leadership at the U.S. Department of Veteran's Affairs (VA) announced the goal of ending veteran homelessness by the end of 2015. While that goal has yet to be reached, significant progress has been made to reduce homelessness, serve those at-risk of homelessness, and enhance service delivery through greater collaboration among government agencies, non-profit partners, and private organizations. The U.S. Department of Housing and Urban Development's (HUD) most recent point-in-time analysis found that veteran homelessness fell by 24.2 percent (or 18,480 persons) from January 2010 to January 2014.²¹

In regard to enhanced service delivery, the VA has increased funding to expand homeless outreach and prevention programs, provide health care to homeless veterans, and build out an extensive integrated network of homeless programs in partnership with non-profits, faith-based organizations, and government agencies at the state and local level. In fiscal year 2013, over 349,000 homeless or at-risk veterans were served by the VA - 43 percent more than the year before - and in fiscal year 2014, the VA will dedicate \$1.4 billion to specialized homeless programs and \$5.4 billion to health care for homeless veterans.²²

While these measures indicate notable progress, homelessness continues to be a major challenge. HUD estimates that 57,849 veterans are homeless on any given night,²³ and the National Coalition for Homeless Veterans (NCHV) emphasizes that approximately twice that many experience homelessness over the course of a year.²⁴ Other groups, such as Volunteers of America (VOA), assert that more than 150,000 veterans are homeless on any given night, and nearly twice as many experience homelessness at some point during the year.²⁵ Researchers point out that statistics fluctuate due to the transient nature of homeless populations.

Though total counts vary, it is clear that homelessness is disproportionately higher in the veteran community. Though only 7 percent of the nation's population can claim veteran status, approximately 12 percent of the homeless adult population are veterans. Further, NCHV emphasizes that approximately 1.4 million other veterans are considered at-risk of homelessness due to poverty, lack of support networks, and/or dismal living conditions in overcrowded or substandard housing.²⁶

²¹ U.S. Department of Housing and Urban Development, "HUD Reports Continued Decline in U.S. Homelessness Since 2010," U.S. Department of Housing and Urban Development, November 21, 2013, retrieved on June 5, 2014, from http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2013/HUDNo.13-173.

²² Office of Public and Intergovernmental Affairs, "Homeless Veterans," U.S. Department of Veterans Affairs, retrieved on June 5, 2014, from www.va.gov/homeless/about_the_initiative.asp#three.

²³ Ibid.

²⁴ National Coalition for Homeless Veterans, "Background & Statistics," National Coalition for Homeless Veterans, retrieved on June 5, 2014, from http://nchv.org/index.php/news/media/background_and_statistics/.

²⁵ Volunteers of America, "Veterans," Volunteers of America, retrieved on June 6, 2014, from www.voaininois.org/Services/Homeless-Veterans/.

²⁶ National Coalition for Homeless Veterans, "Background & Statistics," National Coalition for Homeless Veterans, retrieved on June 6, 2014, from http://nchv.org/index.php/news/media/background_and_statistics/.

In terms of identifying the demographic characteristics of homeless veterans, NCHV notes:

- 92% are male;
- 50% are age 51 or older;
- 35% are African American, though African Americans only account for 10.4% of the U.S. veteran population;
- 5.1% are Latino, though Latinos only account for 3.4% of the U.S. veteran population;
- 68% reside in principal cities;
- 32% reside in suburban or rural areas;
- 70% have substance abuse problems;
- 51% have a disability or disabilities; and
- 50% have a serious mental illness.²⁷

In regard to defining the veteran homeless population by service era, approximately 90 percent served prior to September 11, 2001.²⁸

Although men represent 92 percent of homeless veterans, women veterans represent the fastest growing demographic in the homeless veteran community. Of the 141,000 veterans nationwide who spend at least one night in a shelter in 2011, nearly 10 percent were women, up from 7.5 percent in 2009.²⁹ Analysts note that this change is due in part to the changing composition of the military, where women now represent 14 percent of active-duty forces and 18 percent of the Army National Guard and the Reserves.³⁰ With this increase, homeless and housing groups, as well as veteran organizations, face additional challenges in adjusting available services to accommodate the needs of women veterans (who often have dependent children). This includes providing enhanced services in areas such as child care, reproductive health, Military Sexual Trauma, and other issues faced by women veterans.

Veteran Homelessness in the State of Illinois

In recent years, the State of Illinois has made significant progress in alleviating issues related to veteran homelessness. In 2008, analysts indicated that the number of chronically homeless veterans in Illinois was approximately 9,000 to 10,000.³¹ As of 2013, HUD estimates that 1,267 veterans are homeless in Illinois.³²

²⁷ Ibid.

²⁸ Obama, Michelle, "Veteran Homelessness," C-SPAN, June 4, 2014, retrieved on June 9, 2014, from www.c-span.org/video/?319743-1/first-lady-ending-veteran-homelessness.

²⁹ Brown, Patricia Leigh, "Female Veterans Face Limbo in Lives on the Street," *The New York Times*, February 27, 2013, retrieved on June 6, 2014, from www.nytimes.com/2013/02/28/us/female-veterans-face-limbo-in-lives-on-the-street.html?pagewanted=all&r=0.

³⁰ Ibid.

³¹ Illinois Department of Veterans' Affairs, "2012 Discharged Servicemember Task Force Annual Report," Illinois Department of Veterans' Affairs, July 1, 2012.

³² Henry, Megan, Alvaro Cortes, and Sean Morris, *The 2013 Annual Homeless Assessment Report (AHAR) to Congress*, U.S. Department of Housing and Urban Development, 2013, retrieved on June 9, 2014, from www.onecpd.info/resources/documents/ahar-2013-part1.pdf.

This decrease is largely attributed to that fact that new partnerships have been created among service providers in the public, private, and non-profit sectors. Service providers are also doing a better job of keeping younger veterans off the streets because of the community supports in place during their discharge.

Despite these gains, issues relating to housing and homelessness remain disproportionately high in the veteran community. Though only 6 percent of Illinois residents can claim veteran status, 13 percent of the homeless population are veterans.³³ And while the vast majority of veterans return home and lead healthy, fulfilling lives, a number of Illinois' 76,000 new (Post-9/11) veterans are struggling with transition challenges related to employment, job training, behavioral health, and combat-related injuries. These challenges can lead to financial and housing difficulties, which put them at-risk of homelessness. Recent studies indicate that 7 percent of new veterans in Illinois (5,320 veterans) live below the poverty line and 12 percent (9,120 veterans) are low-income, living between 100% and 200% of the poverty line.³⁴ As such, the need for outreach, supportive services and affordable housing is particularly important for veterans, for whom housing, employment, family adjustment, and coping with past military adversities are all wrapped into a single "transition" experience.

To address remaining challenges, IDVA is actively collaborating with partners in the non-profit, private, and public sectors to implement preventive strategies and ensure that veterans and their families have ready access to high-quality, affordable housing. With the launch of Illinois Joining Forces (IJF) in November of 2012, IDVA and the Illinois Department of Military Affairs have brought together subject matter experts and leading housing organizations to form the IJF Working Group on Homelessness and Housing. The Working Group serves as a collaborative vehicle through which leaders in the veteran and housing communities can facilitate innovative linkages between service providers, increase access to housing resources for veterans and their families, and develop actionable policy recommendations for policymakers. IDVA also administers the Veterans Cash program to provide targeted grants in various high-priority areas, including supporting eligible service providers that are spearheading housing and homelessness initiatives. In addition, IDVA continues to provide housing and supportive services for homeless Illinois veterans through the Prince Home in Manteno.

Beyond these programs housed under IDVA, state officials have made a concerted effort to help veterans achieve homeownership. In December 2011, the State of Illinois launched the Welcome Home Heroes (WHH) program. WHH offers veterans, active military personnel, reservists, and Illinois National Guard members \$10,000 cash assistance to cover down payment and closing costs, a 30-year fixed rate mortgage with a competitive interest rate, and a federal tax credit up to \$20,000 over the life of the loan. Since its inception, the program has allowed over 1,000 military families to reserve financing to buy a home affordably and securely.³⁵

³³ Illinois Department of Veterans' Affairs, "Illinois Veterans: Demographics, Challenges, & Strengths," Illinois Department of Veterans' Affairs, April 7, 2014.

³⁴ Social IMPACT Research Center, "New Veterans in Illinois: A Call to Action," Social IMPACT Research Center at Heartland Alliance, December 2012, retrieved on June 6, 2014, from www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION.

³⁵ Illinois Government News Network, "Governor Quinn Announces \$5 Million Investment to Help Military Families Afford Homeownership," Illinois Government News Network, May 26, 2013, retrieved on June 9, 2014, from www3.illinois.gov/PressReleases/PressReleasesListShow.cfm?RecNum=11216.

Tracking of Homeless Veterans and Service Providers in the State

Although service providers have made notable progress in reducing veteran homelessness in recent years, data tracking continues to be a challenge. Subject matter experts emphasize that a key aspect in eradicating veteran homelessness is pinpointing the precise geographic location of homeless veterans and cross-checking that data with the location and reach of pertinent service providers, including community resource and referral centers (CRRCs), community shelters, faith-based centers, and VA health facilities.

In Illinois, staff at the non-profit organization Veterans Housing and Employment Assistance are collecting geographic information systems (GIS) data regarding veteran homeless populations, trends, and service outlets. The IJF Working Group on Homelessness and Housing is also exploring efforts to create a comprehensive directory that lists and maps available service providers for homeless veterans.

HUD-VASH Vouchers

Many subject matter experts attribute the recent decline in veteran homelessness to the close collaboration between HUD and the VA on a joint program called HUD-VA Supportive Housing (HUD-VASH). Housing specialists emphasize that for those who have been homeless the longest or repeatedly fall back into homelessness, permanent supportive housing - accompanied with wraparound services to address behavioral health issues, substance addiction, and other challenges - has been highly effective in helping veterans overcome the underlying barriers that contribute to chronic homelessness.

HUD-VASH program provides public housing authorities (PHAs) with funding to provide rental assistance to eligible veterans who are homeless. Simultaneously, participating veterans are required to receive case management services through the VA at local medical centers (VAMCs) and community-based outpatient clinics (CBOCs). Since 2008, a total of 58,250 rental vouchers have been awarded, and 43,371 formerly homeless veterans reside in their own homes because of the program.³⁶

In Illinois, the Illinois Housing Development Authority (IHDA) reports that 1,385 vouchers have been awarded since 2008 - see Table 1. While those vouchers have gone a long way to alleviate homelessness in the veteran community, veteran advocates note that demand outpaces supply and certain areas of the state remain underserved.

³⁶ U.S. Department of Housing and Urban Development, "HUD Reports Continued Decline in U.S. Homelessness Since 2010," U.S. Department of Housing and Urban Development, November 21, 2013, retrieved on June 5, 2014, from http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2013/HUDNo.13-173.

Table 1 - HUD-VASH Vouchers Allocated in Illinois (FY 2008 - FY 2013)

Public Housing Authority	VAMCCBOC	Location of high need where veterans should be identified for participation	FY 2008	FY 2009	FY 2010	FY 2011	PBV Set-Aside Awards	FY 2012	FY 2013	Total
Chicago Housing Authority	Jesse Brown (Chicago) VA Medical Center	Chicago	105	105	100	75	0	135	165	685
Peoria Housing Authority	VA Illiana Health Care System/Peoria Community-Based Outpatient Clinic	Peoria	0	0	0	25	0	0	0	25
Housing Authority of Champaign County	VA Illiana Health Care System	Champaign	0	0	0	0	0	0	15	15
Grtr Metro. Area Hsng Auth of Rock Island County	Iowa City VA Health Care System	Quad Cities	0	0	0	10	0	0	0	10
The Housing Authority of the City of Danville, IL	VA Illiana Health Care System	Danville	0	35	0	25	0	0	0	60
Rockford Housing Authority	William S. Middleton (Madison) VA Medical Center	Madison	0	35	0	25	0	0	0	60
Housing Authority of the County of Cook	Edward Hines Jr. (Hines)VA Medical Center	Cook County and suburbs west of Chicago	70	0	25	50	0	100	70	315
Housing Authority of the County of Cook	Edward Hines Jr. (Hines) VA Medical Center/Elgin Community-Based Outpatient Clinic	Elgin	0	35	0	0	0	0	0	35
Housing Authority of the City of Waukegan	Captain James A. Lovell (North Chicago) Federal Health Care Center	Waukegan	0	0	25	0	0	0	15	40
Bloomington Housing Authority	VA Illiana Health Care System/Peoria Community-Based Outpatient Clinic	Bloomington	0	0	0	0	0	0	15	15
Housing Authority of the County of DeKalb	Edward Hines Jr. (Hines)VA Medical Center/Elgin Community-Based Outpatient Clinic	DeKalb	0	0	25	0	0	0	0	25
Housing Authority of the City of North Chicago, IL	Captain James A. Lovell (North Chicago) Federal Health Care Center	North Chicago	35	35	0	0	0	0	0	70
McHenry County Housing Authority	Captain James A. Lovell (North Chicago) Federal Health Care Center/McHenry Community-Based Outpatient Clinic	McHenry	0	0	0	0	0	15	15	30
IL Total			210	245	175	210	0	250	295	1,385

• **HUD-VASH Participation among Illinois Public Housing Authorities**

As illustrated in Table 1, only 12 of the 110 PHAs in the state have been awarded HUD-VASH vouchers. Experts note that this is largely attributed to the limited availability of vouchers and the criteria used to award vouchers, which is based on three sets of data: (1) HUD’s point-in-time data submitted by Continuums of Care (CoCs), (2) VA data on the number of contacts with homeless veterans, and (3) performance data from PHAs and VAMCs.³⁷ As such, areas with smaller veteran populations and a lower ratio of VA case managers to clients generally have reduced program access.

Despite these obstacles, subject matter experts surmise that a number of non-participating PHAs in Illinois are in a position to meet eligibility requirements and participate in the program. Experts note that they may benefit from (1) updated information on voucher demand within their jurisdictions, (2) guidance as to HUD-VASH application procedures and (3) increased collaboration with local VAMCs/CBOCs.

³⁷ U.S. Department of Housing and Urban Development, “HUD-VASH Vouchers,” U.S. Department of Housing and Urban Development, retrieved on June 6, 2014, from http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash.

VA's Homeless Providers Grant and Per Diem Program

For those veterans that do not receive a voucher, VAMCs and CBOCs commonly refer the individual to a supportive housing provider participating in the VA's Homeless Providers Grant and Per Diem (GPD) Program. The GPD program subsidizes the development and provision of supportive housing and/or supportive services with the goal of helping homeless veterans achieve residential stability, address health challenges, improve their employment prospects, and attain self-sufficiency. Veterans are eligible to reside in GDP facilities for up to 24 months until they achieve independence. Examples in Illinois include Hope Manor operated by VOA, Featherfist, and the Innerfaith House.

While housing specialists reiterate that GDP facilities have proven effective in integrating services and creating a structured environment that prepares veterans for self-sufficiency, they also emphasize that demand exceeds supply and waiting lists are often lengthy. In addition, GDP facilities are resource-intensive with high operational costs. That being the case, veteran housing specialists continue to place emphasis on the HUD-VASH program and other "Housing First" models, which focus on helping individuals and families access rental housing as quickly as possible and then providing support services as needed.

Preventive and Support Programs

The VA administers a number of additional programs designed to alleviate specific challenges facing veterans who are homeless or at-risk of homelessness:

- **Services for Veteran Families Program (SSVF)**

The VA's Supportive Services for Veteran Families (SSVF) program awards grants to non-profit organizations and consumer cooperatives that provide supportive services to very low-income veteran families living in or transitioning to permanent housing. The program is designed to aid at-risk veterans and their families in obtaining services beyond housing. Grantees provide eligible veteran families with comprehensive case management assistance and support in obtaining vital services related to health care, financial planning, legal needs, child care, transportation, and housing counseling. In addition, grantees may provide time-limited payments to third parties, such as landlords, utility companies, moving companies, and child care providers, if these payments are vital to ensure that the veteran family maintains or acquires permanent housing.

Veteran advocates emphasize that SSVF is essential as a prevention strategy and bridge program, providing low-income veteran families with the wraparound services and continuity of care they require to establish a stable home environment, reintegrate into the community, and assume responsibility for their financial and personal well-being.

- **Community Resource and Referral Centers (CRRCs)**

The VA is making a concentrated effort to implement prevention strategies and enhance service delivery to homeless veterans through the development of new Community Resource and Referral Centers (CRRCs). CRRCs are one-stop service centers where veterans who are homeless or at risk of homelessness can connect to the full array of housing and support resources in the area - including VA resources and personnel and supportive services such as A Safe Haven, Thresholds, Heartland Alliance, and Volunteers of America - Illinois. They are highly integrated, collaborative facilities, situating service providers from various different arenas in one centralized location so veterans can easily obtain assistance with housing, health care, employment, and other VA and non-VA benefit programs.

Illinois Housing Development Authority Programs and Services

While housing experts acknowledge that voucher, residential, and preventive programs have gone a long way in keeping homeless veterans off the streets, many emphasize that Illinois' at-risk veterans do not necessarily need a rental subsidy as much as they need affordable housing. A significant number of veterans - both young and old - are struggling to make ends meet in the wake of high unemployment, stagnant wages, and rising costs of living. According to a 2010 American Community Survey analysis, nearly one million veteran homeowners face severe housing cost burdens, paying half or more of their income for housing.³⁸

Many experts are looking to state and local housing authorities to identify ways to expand their most successful programs and increase high-quality affordable housing for veterans and their families. The Illinois Housing Development Authority (IHDA) functions as a bank with the mission of investing resources from federal and state-funded programs to create and preserve affordable housing across Illinois. IHDA partners with a wide variety of organizations - including lenders, developers, local government agencies, non-profits, and other community groups - to generate low-cost housing opportunities.

- **Low-Income Housing Tax Credit (LIHTC)**

IHDA oversees a number of important programs that could be further tailored to provide additional support to veterans and their families. Chief among them is the Low-Income Housing Tax Credit (LIHTC). Through LIHTC, IHDA allocates federal tax credits to sell to investors to generate private equity for affordable housing developments. This reduces the debt that the developer would otherwise have to borrow, and as a result of the lower debt, a tax credit property can offer lower rents. A number of housing experts reiterate that LIHTC is the single most important vehicle in creating affordable, large-scale housing developments for low-wage earning families.

³⁸ Illinois Government News Network, "Governor Quinn Announces \$5 Million Investment to Help Military Families Afford Homeownership," Illinois Government News Network, May 26, 2013, retrieved on June 9, 2014, from www3.illinois.gov/PressReleases/PressReleasesListShow.cfm?RecNum=11216.

As evidenced in the 2013 Qualified Allocation Plan (QAP), IHDA awards preference points to LIHTC applicants seeking to provide veteran housing. Points are specifically awarded to applicants that (1) have a “Veterans Administration” commitment for the provision of onsite social services and/or (2) have a commitment for HUD-VASH vouchers for 50% or more of the total units.³⁹ While well-intentioned, veteran housing specialists have expressed concerns with the current criteria. For one, experts note that the first criterion fails to define “Veterans Administration” and lacks relevancy in light of the fact that the VA has severe limits as to its capacity to make external commitments. In addition, experts explain that further specificity - as well as the addition of new criteria - would more effectively incentivize the creation of veteran housing projects.

Identifying Available Housing Stock for Veteran Tenants

While various programs and services outlets are targeted to help veterans secure and sustain housing, housing specialists emphasize that more attention needs to be paid to the other side of the equation: landlords and property owners. Experts point out that a number of landlords express discomfort or unwillingness to lease their properties to homeless veterans. While the issue is not exclusive to veterans, housing specialists note that homeless or low-income veterans - particularly those with bad credit, a history of evictions, criminal backgrounds, and/or limited financial means - are perceived as undesirable or high-risk tenants.

Housing specialists emphasize that additional resources are needed to assist veterans in expunging criminal records, managing personal finances, establishing good credit, and obtaining gainful employment. This requires greater collaboration with organizations that specialize in areas such as employment, legal support, and financial literacy in order to identify opportunities to leverage existing resources and programs in support of homeless veterans.

Simultaneously, veteran advocates reiterate that more needs to be done to generate greater buy-in from landlord and property owners. Outreach efforts need to be taken to dispel myths, clarify the HUD-VASH voucher program, and communicate the advantages of leasing to veterans. Members of the IJF Working Group on Homelessness and Housing note that landlord seminars have been very effective in accomplishing these ends.

³⁹ Illinois Housing Development Authority, “2013 Low-Income Housing Tax Credit Qualified Allocation Plan,” Illinois Housing Development Authority, 2013, retrieved on June 9, 2014, from www.ihda.org/developer/documents/2013QAP_Final.pdf.

POLICY RECOMMENDATIONS

- 1. Launch Enhanced Outreach to Public Housing Authorities** - To broaden access to HUD-VASH vouchers and other important housing resources, DSTF recommends that IDVA and the IJF Homelessness and Housing Working Group launch a joint outreach effort that informs public housing authorities as to (1) HUD-VASH program participation and portability, and (2) amending occupancies standards to create a veteran preference (similar to the Housing Authority of Cook County). Regarding HUD-VASH program participation, public housing authorities should receive updated information on voucher demand within their jurisdictions, guidance as to HUD-VASH application procedures, and direction as to how they can further collaborate with local VAMCs/CBOCs. In addition to formal correspondence, DSTF recommends that IDVA and/or the IJF Homelessness and Housing Working Group representatives engage PHA membership groups, including the Illinois Chapter of the National Association of Housing and Redevelopment Officials (NAHRO), which holds its annual conference in Springfield on August 7-8, and the Illinois Association of Housing Authorities (IAHA), which holds its annual conference in September.
- 2. Create a Statewide Directory of Veteran-Serving Homelessness and Housing Facilities** - To better understand the needs of and solutions for homelessness among veterans in Illinois, DSTF recommends that the IJF Homelessness and Housing Working Group collaborate with Veterans Housing and Employment Assistance and the National Center on Homelessness Among Veterans to compile information necessary to (1) pinpoint geographic concentrations of homeless veterans in Illinois and (2) create a statewide directory of veteran-serving homelessness and housing facilities. Regarding the statewide directory, the IJF Working Group should collaborate with the Illinois Housing Development Authority (IHDA) to identify and incorporate existing databases that may be available. In addition, DSTF recommends that the directory be posted to the IJF website.
- 3. Revise the Veteran Housing Section in the Low-Income Housing Tax Credit Qualified Allocation Plan** - To effectively incentivize the creation of housing options for veterans and their families, DSTF recommends that the "Veteran Housing" section in the Low-Income Housing Tax Credit Qualified Allocation Plan (QAP) be revised to maximize impact and ensure specificity. To this end, DSTF recommends that IDVA and/or the IJF Homelessness and Housing Working Group representatives communicate recommendations to the Illinois Housing Development Authority prior to publication of the 2014 QAP.
- 4. Leverage Staff Expertise and Resources at the Illinois Department of Human Services, Division of Mental Health** - To form new synergies and effectively leverage existing resources in support of homeless veterans, DSTF recommends that IDVA and/or the IJF Working Group explore opportunities to refer veterans to the Permanent Supportive Housing program within the Illinois Department of Human Services, Division of Mental Health. The Permanent Supportive Housing program helps eligible individuals find housing and also obtain mental health services as needed.

- 5. Support Landlord Seminars and Create an Informational Tool** - To generate greater buy-in from landlords and increase the availability of housing stock for veterans, DSTF recommends that the IJF Working Group continue to support and promote Landlord Seminars designed to recruit more landlords for the HUD-VASH program and communicate the advantages of leasing to veterans. In addition, DSTF recommends that an informational tool (such as flyer or brochure) be created, which could be distributed broadly by IDVA, IHDA, IJF organizations, and other veteran organizations to answer frequently asked questions and clarify HUD-VASH processes.
- 6. Increase Funding for the Supportive Services for Veterans Families Program*** - To enhance prevention strategies and strengthen support services targeted to veteran families at risk of homelessness, DSTF recommends that federal policymakers be urged to increase funding for the Supportive Services for Veterans Families (SSVF) program. Simultaneously, DSTF recommends that the IJF Homelessness and Housing Working Group continue to work with the IJF Employment and Job Training Working Group and other entities to spur collaboration between SSVF and the U.S. Department of Labor's Homeless Veterans' Reintegration Program.
- 7. Integrate and Centralize Service Delivery at VA Community Resource and Referral Centers*** - To strengthen collaboration and facilitate capacity-building among veteran-serving organizations (while simultaneously making it easier for homeless and at-risk veterans to connect with the full array of support services available through government and non-profit agencies), DSTF recommends that the IJF Homelessness and Housing Working Group continue to educate community providers about the broad services at Community Resource and Referral Centers (CRRCs). DSTF further recommends that service providers in the Chicagoland area continue to refer veterans to the local CRRC; and concurrently, DSTF recommends that veteran organizations reach out to the VA to explore additional sites in Illinois where the establishment of a CRRC is needed.
- 8. Increase Outreach and Support Services to Veterans Treatment Courts and the Veteran Justice Outreach Program*** - To minimize homelessness and recidivism among incarcerated veterans, formerly imprisoned veterans, and veterans facing criminal charges, DSTF recommends that the IJF Homelessness and Housing Working Group partner with the IJF Legal Working Group to coordinate resources for veterans treatment courts and identify best practices that can be utilized by all the courts. Concurrently, DSTF recommends that veteran organizations continue to work with legal community to establish Veteran Treatment Courts in areas of need. In addition, DSTF recommends that further support and attention be directed to enhance the Veteran Justice Outreach Program and the Health Care for Re-entry Veterans program administered by the VA.

9. Collaborate with Local Transit Authorities and Disabled American Veterans to Build Out Transportation Programs* - To further ensure that veterans who are homeless or at-risk of homelessness have an affordable means of transit through which they can access available services, DSTF recommends that veteran organizations identify and work with local transit authorities to advocate for the establishment of transportation programs for homeless, low-income, and disabled veterans. The Military Service Pass program administered by the Chicago Transit Authority can serve as a model. In addition, DSTF recommends that IDVA work with Disabled American Veterans to explore opportunities to build out their Transportation Network in unserved and underserved areas.



* All policy recommendations suggested for inclusion by IJF Working Groups do not imply endorsement of the recommendation by every Working Group member, but rather endorsement of the recommendation and approval by majority vote of the Working Group.

Women Veterans

Women Veteran Population

The United States Armed Forces have never had as many women servicemembers as there are today. Among military personnel, women represent 15 percent of the Active Duty force, 16 percent of the National Guard, and 20 percent of the Reserve component.⁴⁰ Accordingly, the number of women veterans is higher than it has ever been before.

The U.S. Department of Veterans Affairs (VA) estimates that there are 67,638 women veterans in the State of Illinois as of September 2013. That represents 9.1 percent of the total veteran population in Illinois.⁴¹ Also of note, women veterans represent the fastest growing demographic in the veteran community. By 2040, women will comprise 17.4 percent of the total veteran population in the state.⁴² And as the federal government prepares to scale back restrictions on women serving in combat positions, the attributes of the women veteran population and their corresponding service needs will change considerably.

Unique Challenges Facing Women Veterans

While the vast majority of women veterans greatly benefit from their military experience and go on to lead healthy, fulfilling lives, a significant number are set back by unique situations and hardships. And though male veterans struggle with many of the same obstacles, including challenges related to employment, housing, health care, education and compensation, many women veterans have different experiences and support needs that complicate their transition back into society.

Research indicates that women veterans are disproportionately affected by certain adversities and barriers, including Military Sexual Trauma (MST) and caregiving obligations. These barriers can lead to other problems, such as health and wellness issues, difficulties finding a job, and/or difficulties going to school. Statistics relating to the newest generation of women veterans (Post-9/11 veterans) are particularly revealing:

- 18 percent of Post-9/11 women veterans in Illinois are not in the workforce, compared to 11 percent of their male counterparts - and nationally, women veterans struggle with employment issues in greater proportions than their male counterparts. In December 2012, the national jobless rate among women veterans was 9.1 percent, compared to 6.8 percent among male veterans.⁴³

⁴⁰ Carrow, Rynell, & Terpstra, A., *New Veterans in Illinois: A Call to Action*, Social IMPACT Research Center, published December 2012, retrieved on December 26, 2013, from www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION.

⁴¹ National Center for Veterans Analysis and Statistics, "Table 6L: VetPop2011 Living Veterans by State, Age Group, Gender, 2010-2040," U.S. Department of Veterans Affairs, retrieved on December 26, 2013, from www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/6lVetPop11_State.xlsx.

⁴² Ibid.

⁴³ Bureau of Labor Statistics, "Table A-5. Employment status of the civilian population 18 years and over by veteran status, period of service, and sex, not seasonally adjusted," United States Department of Labor, retrieved on December 27, 2013, from www.bls.gov/news.release/empsit.t05.htm.

- 11 percent of Post-9/11 women veterans in Illinois are single parents, compared to 4 percent of their male counterparts.
- Approximately 90 percent of sexual assault cases reported to the U.S. Department of Defense (DoD) in 2010 involved female victims.⁴⁴

In light of these disparities, subject matter experts emphasize that existing programs need to be adapted and new resources need to be deployed to ensure that women veterans have the support they need to thrive in their communities.

Self-Identification Barriers

While there are a number of factors that complicate service delivery to women veterans, self-identification is one of the major stumbling blocks. Subject matter experts emphasize that women are far less likely to self-identify as a veteran or former servicemember, and consequently they are less likely to access the variety of programs and resources at their disposal.

Why women veterans hesitate to self-identify is a challenging question with no single answer. In some instances, women veterans may not feel comfortable seeking support through traditional, male-dominated networks. In cases where MST is a factor, service providers report that many women veterans “associate the VA with a military that failed to protect them and thus forgo needed therapy.”⁴⁵ Furthermore, women who did not serve overseas or in a combat role may not realize or fully understand their true veteran status and hence eligibility for state and federal benefit programs. This challenge exists despite the fact that outbound servicemembers are required to participate in the Transition Assistance Program (TAP) for this exact purpose.

In an effort to more fully understand these barriers and to guide the development of new outreach and advocacy strategies, the Illinois Department of Veterans’ Affairs (IDVA) published a Women Veterans’ Survey covering a wide range of topics and service needs. Not only does this survey provide IDVA with detailed information about the issues and problems confronting women veterans, but it also provides insights as to why women do not take advantage of veterans’ benefits to the same extent as their male peers. As of December 2013, over 300 women veterans have completed the survey.

⁴⁴ Carrow, Rynell, & Terpstra, A., *New Veterans in Illinois: A Call to Action*, Social IMPACT Research Center, published December 2012, retrieved on December 26, 2013, from www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION.

⁴⁵ Brown, Patricia, “Trauma Sets Female Veterans Adrift Back Home,” *The New York Times*, published on February 27, 2013, retrieved on December 27, 2013, from www.nytimes.com/2013/02/28/us/female-veterans-face-limbo-in-lives-on-the-street.html.

Outreach Strategies

In addition to collecting more information from women veterans, IDVA has developed a variety of new outreach approaches to better connect with women veterans, increase access to resources, and to engender a greater sense of community and camaraderie among women veterans in Illinois.

- **Providing Gender-Specific Support** - IDVA created a special feature on its website so women veterans can seek assistance directly from a female Veteran Service Officer (VSO). These VSOs are specially equipped to assist women veterans in navigating the myriad of benefits and resources available through government and non-profit entities.
- **Women Vetrepreneurship Program** - In an effort to stem high unemployment among women veterans, IDVA partnered with the Women's Business Development Center (WBDC) to create a first-of-its-kind Women's Vetrepreneurship Program (WVP). WVP serves women veterans who are considering business ownership as a path towards economic security, independence and empowerment. The program includes entrepreneurial training, technical assistance, business counseling, direct lending and business mentoring, as well as critical networking opportunities, veteran benefits education and other support services offered and arranged through IDVA, collaborating partners and veteran service organizations.
- **Collaborations and Partnerships via Illinois Joining Forces** - IDVA has made a concerted effort to strengthen partnerships among Illinois' veteran- and military-serving organizations - including government agencies, non-profit organizations and private entities - in order to facilitate best practice sharing, build capacity, and optimize outreach and service delivery to women veterans. In December 2013, IDVA inaugurated the new Illinois Joining Forces (IJF) Women Veterans' Working Group. Using the innovative convening power of IJF, the Women Veterans' Working Group strives to develop and implement targeted methods of outreach to ensure that women veterans are connected to the resources and benefits that they have earned.
- **Outreach Events** - IDVA has organized (and continues to organize) a wide variety of fairs, seminars and outreach events specifically for targeting and for the benefit of women veterans.

Identifying Women Veterans for Targeted Service Delivery

While numerous programs and activities are underway to better connect with women veterans, there are a number of institutional roadblocks that hamper the ability of service providers to target support to women veterans in a timely manner.

For one, it is difficult to identify and track women veterans in Illinois - and particularly the women veterans that could benefit from targeted support. On the state level, government agencies do not maintain a data marker for women veterans and servicemembers that come in contact with their programs. Efforts are underway to identify veterans via the issuance of driver's licenses, and IDVA is actively working to enhance its internal and interagency data collection capabilities, but comprehensive data collection and sharing across state entities is yet to be established.

Considering its existing data collection capabilities, the Illinois Department of Revenue has been identified as a potential starting point to implement a mechanism that collects and shares basic information obtained from veterans and their family members in the state. Such a mechanism, which could be executed through an opt-in indicator on state tax forms, would facilitate interagency connectivity and data sharing, as well as support broader outreach and needs assessment related to Illinois veterans.

Creating Women-Friendly Environments at Veteran Service Centers

When it comes to barriers that impede access to care, subject matter experts emphasize that some women veterans hold negative perceptions of traditional veteran service outlets; thus they are discouraged from seeking assistance. Experts underline the fact that veteran health facilities and service centers were traditionally established to assist male veterans, and while numerous accommodations have been made in recent years to serve the growing women veteran population, more steps need to be taken to ensure that these environments are safe and welcoming for women veterans.

First, subject matter experts emphasize that it is critically important to have staff on hand that are specifically trained to assist women veterans. Second, experts state that the presence of posters, staff badges, and other visual cues featuring women can make a big difference in creating a comfortable setting where women veterans feel included. Third, providing an activities space for children at a service facility can be a decisive factor. As previously noted, women veterans are far more likely to be single parents, and in instances where child care

⁴⁶ Carrow, Rynell, & Terpstra, A., *New Veterans in Illinois: A Call to Action*, Social IMPACT Research Center, published December 2012, retrieved on December 26, 2013, from www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION.

⁴⁷ Office of Public and Intergovernmental Affairs, "VA Launches Childcare Pilot," U.S. Department of Veterans Affairs, published on July 16, 2011, retrieved on December 30, 2013, from www.va.gov/opa/pressrel/pressrelease.cfm?id=2134.

cannot be obtained, it helps to have a space available for children while the veteran focuses on the appointment. Finally, experts note that veteran service centers should maintain flexible hours and appointment times to accommodate working women and those in school.

Access to Affordable, High Quality Child Care

As identified earlier, lack of access to affordable, high-quality child care represents a major obstacle for many women veterans. Researchers emphasize that “the presence of children, particularly young children, can be a barrier to employment if child care is not readily available, particularly for single parents.”⁴⁶ Lack of access to child care can also be an issue for those in school and those with frequent medical appointments. In a survey, the VA found that nearly one third of veterans were interested in child care services and more than 10 percent had to cancel or reschedule VA appointments due to lack of child care.⁴⁷ While male veterans that are single parents wrestle with these challenges as well, women veterans are affected at a higher rate.

State and federal agencies administer a number of child care assistance programs for qualified veterans and servicemembers. Nationally, active duty servicemembers are eligible for programs made available through the National Association of Child Care Resource and Referral Agencies (NACCRRRA). NACCRRRA provides child care subsidies to families of active duty military personnel while the spouse is working, going to school full-time, or looking for employment. Guardians may also apply. Subsidy amounts are based on several factors including family size, income and cost of child care.⁴⁸

For veterans that are not on active duty, the VA has also taken a role in evaluating child care needs in the veteran community as well as investigating new program possibilities. In accordance with the Caregivers and Veterans Omnibus Health Services Act of 2010, the VA has begun to (1) study the availability of child care services for veterans and, (2) in a pilot capacity, provide no-cost, onsite child care services to certain veterans receiving VA health care services.⁴⁹ Under the pilot program, which was launched in 2011, the VA established childcare centers at three VA medical facilities (two in New York State and one in Washington). The centers, which are operated by licensed providers, provide free, drop-in services for veterans that are eligible for VA care and visiting a facility for an appointment.⁵⁰ As of December 2013, there are no indications the VA plans to build out this program to facilities in Illinois.

⁴⁶ Carrow, Rynell, & Terpstra, A., *New Veterans in Illinois: A Call to Action*, Social IMPACT Research Center, published December 2012, retrieved on December 26, 2013, from www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION.

⁴⁷ Office of Public and Intergovernmental Affairs, “VA Launches Childcare Pilot,” U.S. Department of Veterans Affairs, published on July 16, 2011, retrieved on December 30, 2013, from www.va.gov/opa/pressrel/pressrelease.cfm?id=2134.

⁴⁸ National Association of Child Care Resource and Referral Agencies, “What Programs Are Available,” National Association of Child Care Resource and Referral Agencies, retrieved on December 30, 2013, from www.naccrra.org/military-families/army/what-programs-are-available.

⁴⁹ The Library of Congress, “Bill Text, 111th Congress (2009-2010), S.1963.ENR,” retrieved on December 30, 2013, from <http://thomas.loc.gov/cgi-bin/bdquery/z?d111:s.01963>.

⁵⁰ Office of Public and Intergovernmental Affairs, “VA Launches Childcare Pilot,” U.S. Department of Veterans Affairs, published on July 16, 2011, retrieved on December 30, 2013, from www.va.gov/opa/pressrel/pressrelease.cfm?id=2134.

At the state level, the Illinois Department of Human Services (IDHS) administers the Child Care Assistance Program (CCAP) to provide financial support to low-income individuals with child care needs. Though not exclusive to veterans or military personnel, CCAP provides a cost-share to income-eligible families to help pay for their child care services while they work, go to school, or engage other work-related activities.⁵¹ Parents can also obtain assistance locating a child care provider in their community.

While these programs provide an opportunity for active duty servicemembers or income-eligible veterans to receive child care assistance, subject matter experts reiterate that new measures should be explored to further ensure that veterans - and particularly women veterans - have access to affordable, convenient child care services. Leaders in the veteran community note that it would be worthwhile to explore the development of a state-based voucher program to deliver temporary financial assistance to veterans with pressing child care needs.

Military Sexual Trauma

One of the most troubling issues that disproportionately affects women veterans and servicemembers is sexual assault and Military Sexual Trauma (MST). MST is defined as a “psychological trauma that... resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty or active duty for training.”⁵² Negative consequences associated with MST include increased risk for depression, anxiety disorders, alcohol and drug abuse, post-traumatic stress (PTS), pelvic pain, menstrual problems, headaches, and chronic fatigue, among other issues.⁵³

- **Data and Statistics on Military Sexual Assault and MST**

A recent report from the Pentagon estimates that 26,000 assaults took place in the Armed Forces in 2012 alone, the majority perpetrated against women. That represents an increase of 27 percent from 2010.⁵⁴ Yet only 13 percent of those assaults were reported to authorities and only 10 percent went to trial.⁵⁵

While sexual assault is a highly underreported crime in both civilian and military populations, experts emphasize that military sexual assault has an even higher underreporting rate due to survivors’ fear of

⁵¹ Illinois Department of Human Services, “Child Care Assistance Program (CCAP),” State of Illinois, retrieved on December 30, 2013, from www.dhs.state.il.us/page.aspx?item=30355.

⁵² National Center for PTSD, “Military Sexual Trauma,” U.S. Department of Veterans Affairs, retrieved on December 31, 2013, from www.ptsd.va.gov/public/pages/military-sexual-trauma-general.asp.

⁵³ Ibid.

⁵⁴ Steinhauer, Jennifer, “Sexual Assaults in Military Raise Alarm in Washington,” *The New York Times*, published May 7, 2013, retrieved on December 30, 2013, from www.nytimes.com/2013/05/08/us/politics/pentagon-study-sees-sharp-rise-in-sexual-assaults.html?pagewanted=all.

⁵⁵ U.S. Department of Defense Sexual Assault Prevention and Response Office, “Fiscal Year 2012 Annual Report on Sexual Assault in the Military,” published May 2013, retrieved on December 30, 2013, from <http://s3.documentcloud.org/documents/697934/pentagon-report-on-sexual-assault-in-2012.pdf>.

retribution and/or their lack of confidence in the military prosecutorial system.⁵⁶ Accordingly, other studies indicate that as many as 1 in 3 women in the military experience sexual assault, and as many as 79 percent of women serving since Vietnam experience sexual harassment.⁵⁷ When screened by the Veterans Health Administration (VHA), approximately 1 in 5 female servicemembers and 1 in 100 male servicemembers report suffering MST.⁵⁸

While it is important to underscore that the majority of women in the military do not experience sexual assault or MST, subject matter experts emphasize that incidents of sexual assault against female servicemembers have increased and veteran-serving organizations have a responsibility to pursue additional preventive and remedial efforts.

- **National Efforts to Enhance Prevention and Treatment Services**

Recent reports and high-profile exposés have ushered widespread national attention to these issues. Public awareness is honed on these challenges, and political, military and veteran leaders have responded by implementing a number of strategic initiatives and countermeasures.

Coordinated through the Sexual Assault Prevention and Response Office (SAPRO), DoD is spearheading various efforts to promote prevention, encourage increased reporting of the crime, and improve response capabilities for survivors. Military personnel at the highest levels are focused on institutionalizing prevention strategies in the military community, improving system and commander accountability, assessing military justice systems, and improving response and survivor treatment services.⁵⁹

Complementing the efforts of DoD, the VA has placed renewed focus on support programs relating to (1) MST screening and treatment, (2) training staff on MST-related issues, and (3) outreach to veterans regarding available services. Every VA health facility has an MST Coordinator and health practitioners who are trained in relevant diagnostic and treatment procedures. In addition, the VA has made a concerted effort to create women-friendly environments, providing separate facilities for men and women that do not feel comfortable in mixed-gender treatment settings. Vet Centers are also equipped with specially trained sexual trauma counselors.⁶⁰

⁵⁶ Carrow, Rynell, & Terpstra, A., *New Veterans in Illinois: A Call to Action*, Social IMPACT Research Center, December 2012, retrieved on December 26, 2013, from www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION.

⁵⁷ Stalsburg, Brittany, *Military Sexual Trauma: The Facts*, Service Women's Action Network, published June 2010, retrieved on December 31, 2013, from www.vawnet.org/Assoc_Files_VAWnet/SWAN-MSTFactSheet.pdf.

⁵⁸ National Center for Post-Traumatic Stress Disorder, "Military Sexual Trauma: What is Military Sexual Trauma?" U.S. Department of Veterans Affairs, retrieved on October 21, 2013, from www.ptsd.va.gov/public/pages/military-sexual-trauma-general.asp.

⁵⁹ U.S. Department of Defense Sexual Assault Prevention and Response Office, "Fiscal Year 2012 Annual Report on Sexual Assault in the Military," published May 2013, retrieved on December 30, 2013, from <http://s3.documentcloud.org/documents/697934/pentagon-report-on-sexual-assault-in-2012.pdf>.

⁶⁰ National Center for PTSD, "Military Sexual Trauma," U.S. Department of Veterans Affairs, retrieved on December 31, 2013, from www.ptsd.va.gov/public/pages/military-sexual-trauma-general.asp.

In terms of eligibility to obtain treatment for MST, over the years the VA has significantly relaxed the requirements in order to expand access to immediate, no-cost care. Veterans do not need to be service-connected; they do not need to have reported the incident(s) when they happened or have other documentation that they occurred; they do not need to have sought help within a certain period of time since discharge; and they do not need to have a specific diagnosis. There are no length of service, income, or other standard eligibility requirements either. This also extends to Reservists and members of the National Guard who were activated to full-time duty status.

Furthermore, veterans who have been denied disability benefits for PTS related to MST are now able to have those cases re-examined by the Veteran's Business Administration (VBA). The VA recently relaxed evidentiary requirements necessary to validate a claim, so now previously denied claimants have the ability to reapply and seek appropriate support.⁶¹



⁶¹ Bryant, Ashleigh, "Military Sexual Trauma Claims to be Re-Evaluated," Disabled American Veterans, published January 23, 2014, retrieved on January 24, 2014, from <http://www.dav.org/learn-more/news/2014/military-sexual-trauma-claims-re-evaluated/>.

- **Training Community Providers**

While the VA offers a variety of outreach mechanisms and treatment options, studies indicate that only 38 percent of women veteran sexual assault survivors utilize mental health services, and women who experienced trauma in the military are less likely to use VA health care.⁶² Some VA staff recognize that their programs may not be the best fit for all women veterans try to partner with community providers that specialize in serving women and their families.

In Illinois, veteran- and military-serving organizations are actively working to enlist the support of community health providers in the effort to connect with and care for survivors of MST. Spearheaded by Health & Disability Advocates (HDA), the IJF Women Veterans Working Group holds no-cost training workshops across the state to help better prepare community providers to serve women veterans. In addition to organizing Military & Veteran 101 workshops, where MST is a key focus area, HDA holds special workshops fully dedicated to issues relating to MST. Curriculum covers a variety of subject areas, including an introduction on the unique experiences of women veterans, expert guidance how to implement trauma-informed care treatment options, and instruction on reporting and referral processes. Regular attendees include physicians, clinical psychologists, psychiatrists, social workers, nurses, and various other licensed professionals.

Looking ahead, subject matter experts note that a broader array of community providers should be engaged and trained to assist women veterans and servicemembers. This includes active collaboration with women's health centers, rape crisis centers, domestic violence agencies, housing organizations, and other relevant service providers. The IJF Women Veterans' Working Group has been identified as an ideal entity to convene these various organizations, spur innovative new partnerships, and leverage existing resources in support of women veterans and their families.

POLICY RECOMMENDATIONS

1. **Establish Veteran Markers within Individual State Agencies and Foster Data Sharing** - To better identify and outreach to women veterans in Illinois, DSTF recommends that Illinois state agencies establish markers to identify women veteran clients that utilize or come in contact with their agency/programming. As these clients are marked, their basic contact information and agency touch point should be shared with the Illinois Department of Veteran's Affairs (upon the veteran's consent) for outreach and needs assessment purposes.

⁶² Carrow, Rynell, & Terpstra, A., *New Veterans in Illinois: A Call to Action*, Social IMPACT Research Center, published December 2012, retrieved on October 22, 2013, from www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION.

Note that this recommendation complements (and creates a co-objective for) policy recommendation #5 from the DSTF report on behavioral health challenges.

- 2. (a) Create a Women Veterans' Resource Guide** - To establish a comprehensive guide that clearly delineates the various programs and resources targeted to women veterans in Illinois, DSTF recommends that IDVA create a Women Veterans' Resource Guide. The Women Veterans' Resource Guide should be published online and distributed broadly throughout the service provider community.

(b) Provide Access to a Veterans Benefits Calculator - To ensure that women veterans have access to user-friendly tools that clearly illustrate their eligibility to state and federal benefits, DSTF recommends that IDVA utilize the VA Benefits Calculator for promotion through IDVA's website and various other outreach channels.
- 3. Create a Women Veterans' Support Toolkit for Service Providers** - To help service providers make their facilities more safe and welcoming environments for women veterans, DSTF suggests that a recommendation be made to the IJF Women Veterans' Working Group to develop an informational toolkit for distribution to organizations that regularly come in contact with women veterans. The toolkit should outline (1) best practices when serving women veterans, (2) delineate key points of contact and referral sites in the veteran community, and (3) provide an array of recommendations as to how organizations can make their facilities more accommodating for women veterans (i.e. hanging women-friendly posters, wearing particular staff badges, providing a child care space, providing relevant staff training, etc.).
- 4. Collaborate with the National Association of State Directors of Veterans Affairs to Develop a State Resource Guide** - To better educate exiting women servicemembers as to the benefits and services available in their home state, DSTF recommends that IDVA work with the National Association of State Directors of Veterans Affairs (NASDVA) to produce a State Resource Guide to be distributed through the Transition Assistance Program (TAP). The State Resource Guide should concisely delineate the key programs, benefits and resources available in each individual state.
- 5. Launch a Child Care Voucher Program for Illinois Veterans** - To ensure that veterans have access to affordable, high-quality child care services while they are seeking employment, schooling, or medical attention, DSTF recommends that the State of Illinois create a Child Care Voucher Program for veterans in need. The program would provide eligible veterans with a limited number of vouchers to be claimed at licensed child care centers while they engage in medical or job-related obligations. Eligibility would be determined by income and family size guidelines. DSTF recommends that IDVA approach the Illinois Department of Human Services (IDHS) to assess the extent by which the Child Care Assistance Program (CCAP) can be leveraged to achieve this end.

- 6. Provide Staff Support to Expand Military Sexual Trauma (MST) Training Opportunities for Community Providers** - To ensure that community health practitioners obtain the proper training to effectively treat MST survivors and to simultaneously grow the network of qualified, veteran-friendly providers, DSTF recommends that staffing and funding be provided to expand the IJF Women Veterans' Working Group's capacity to host MST training workshops in underserved areas of the state.
- 7. Engage a Broader Array of Community Providers in the Illinois Joining Forces (IJF) Women Veterans' Working Group** - To leverage the resources, support and expertise of community providers conventionally thought to be distinct from the women veteran community, DSTF suggests that a recommendation be made to the IJF Women Veterans' Working Group contact and engage the participation of women's health centers, rape crisis centers, domestic violence agencies, housing organizations, and other relevant service providers that regularly come in contact with women veterans.
- 8. Develop Positive Community-Building Programs and Activities for Women Veterans** - To provide new opportunities for women veterans to self-identify, build relationships with their fellow veterans and connect with the broader network of veteran programs and organizations, DSTF recommends that IDVA organize positive community-building programs and activities specifically targeted to women veterans. Suggested possibilities include recreational events such as a 5K run, or as successfully implemented in Ohio, a golf clinic program for women veterans called Helping Our Patriots Everywhere (H.O.P.E.).⁶³
- 9. Construct a State Monument Honoring Women Veterans** - To raise awareness for the various contributions, hardships and sacrifices of women veterans, DSTF recommends that the State of Illinois erect a monument honoring the service of women from the Revolutionary War to present-day conflicts.

⁶³ Mickey, Lisa, "Bringing Female Veterans Together on the Golf Course," *The New York Times*, published on July 14, 2013, retrieved on December 31, 2013, from www.nytimes.com/2013/07/15/sports/golf/bringing-female-veterans-together-on-the-golf-course.html?_r=1&adxnnl=1&adxnnlx=1388157568-f5YrA7kZXNzAFaRJNruDEw&.

Behavioral Health

Behavioral Health Challenges in the Veteran Community

Many returning veterans encounter adjustment challenges and emotional stressors as they transition from military to civilian life. Health experts emphasize that these reactions are normal, especially during the first weeks and months after returning from deployment.⁶⁴ While the majority of veterans overcome these challenges and lead healthy, fulfilling lives, some struggle with lingering adjustment and behavioral health challenges stemming from traumas or injuries suffered during military service.

Behavioral health challenges can manifest in a variety of forms, including diagnosed medical conditions such as Post-Traumatic Stress (PTS), Traumatic Brain Injury (TBI) and Military Sexual Trauma (MST), depression, anxiety, and substance abuse disorders. If left untreated, these afflictions can interfere with daily life and normal functioning; when experienced in combination with other common obstacles - including an economy with limited job openings, limited housing options and the residual health effects of combat - the long-term health and socioeconomic consequences can be severe. In the worst scenarios, unresolved behavioral health issues can be a contributing factor to joblessness, family instability, homelessness, and suicide. These outcomes not only have a devastating impact on individuals and families, but they have an adverse effect on the overall strength and well-being of local communities.

By the same token, it is very important to recognize that behavioral health issues are not experienced only by veterans. The families, spouses, parents, and children of veterans and active duty servicemembers are often affected by these difficulties. In particular, studies demonstrate that the family members of veterans experiencing PTS may undergo secondary traumatization,⁶⁵ and they are more likely to exhibit symptoms of anxiety and aggression.⁶⁶ Accordingly, it is crucial that treatment services and preventive strategies incorporate a viable family component.

Data and Statistics

- **Post-Traumatic Stress (PTS)**

Across combat situations and service eras, Post-Traumatic Stress (PTS) is one of the most common stress reactions that military personnel experience. PTS is defined as an anxiety disorder that occurs after experiencing a traumatic or life-threatening event (such as combat exposure or seeing others killed or wounded).⁶⁷ Among the last three major service eras, the prevalence of PTS is as follows:

⁶⁴ U.S. Department of Veterans Affairs, "Returning Veterans," U.S. Department of Veterans Affairs, retrieved on October 21, 2013, from www.mentalhealth.va.gov/returningservicevets.asp.

⁶⁵ Dekel, Rachel & Goldblatt, Hadass, "Is There Intergenerational Transmission of Trauma? The Case of Combat Veterans' Children," American Psychological Association, 2008, retrieved on October 23, 2013, from www.dr.dk/NR/rdonlyres/053F0BD6-B27F-461F-AC45-78C4AF5AC196/1869157/Dekel_artikel.pdf.

⁶⁶ Gh. Ahmadzadeh & A. Malekian, "Aggression, Anxiety, and Social Development in Adolescent Children of War Veterans with PTSD Versus those of Non-Veterans," Journal of Research in Medical Sciences, 2004, retrieved on October 23, 2013, from <http://journals.mui.ac.ir/jrms/article/view/923/256>.

⁶⁷ National Center for Post-Traumatic Stress Disorder, "What Is PTSD?", United States Department of Veterans Affairs, retrieved on October 21, 2013 from www.ptsd.va.gov/public/pages/what-is-ptsd.asp.

- **Among Vietnam Veterans** - The National Vietnam Veterans' Readjustment Study reports that 26 percent of Vietnam veterans have symptoms or related functional impairment associated with PTSD. In Illinois, that equates to over 64,000 veterans.⁶⁸ Furthermore, the study reports that only a small number of these veterans (30.3 percent of the male veterans and 41.7 percent of the female veterans) sought treatment from mental health providers.⁶⁹

- **Among Gulf War Veterans** - Researchers note that rates of PTSD are generally lower among Gulf War veterans, which may correlate to lower levels of combat exposure. The prevalence of PTSD among Gulf War veterans has been found as low as 2 percent to as high as 8 percent.⁷⁰ In Illinois, that equates to approximately 3,800 to 15,400 veterans.⁷¹

- **Among Post-9/11 Veterans** - The demands of multiple deployments, along with the use of remotely detonated explosives by an asymmetrical warfare enemy, has increased the number of servicemembers impacted by PTSD and TBI. As many as 20 percent of servicemembers returning from Iraq or Afghanistan report symptoms of PTSD or severe depression.⁷² In Illinois, that equates to approximately 14,200 veterans.⁷³ Furthermore, only slightly more than half of returning servicemembers affected by PTSD seek treatment.⁷⁴

- **Military Sexual Trauma**

Another cause of PTSD and depression among servicemembers can be Military Sexual Trauma (MST). MST is defined as a "psychological trauma... that resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty or active duty for training."⁷⁵ MST occurs to both men and women, though women veterans experience MST in a vastly higher proportion.⁷⁶

⁶⁸ National Center for Veterans Analysis and Statistics, "Veteran Population," U.S. Department of Veterans Affairs, retrieved on October 21, 2013, from www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/71VetPop11_POS_State.xlsx.

⁶⁹ Price, Jennifer L., "Findings from the National Vietnam Veterans' Readjustment Study," National Center for Post-Traumatic Stress Disorder, 1988, U.S. Department of Veterans Affairs, retrieved on October 21, 2013, from www.ptsd.va.gov/professional/pages/vietnam-vets-study.asp.

⁷⁰ National Center for Post-Traumatic Stress Disorder, "Effects of the Persian Gulf War on U.S. Veterans," U.S. Department of Veterans Affairs, retrieved on October 21, 2013, from www.ptsd.va.gov/public/pages/effects-persian-gulf-war-vets.asp.

⁷¹ National Center for Veterans Analysis and Statistics, "Veteran Population," U.S. Department of Veterans Affairs, retrieved on October 21, 2013, from www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/71VetPop11_POS_State.xlsx.

⁷² National Center for Post-Traumatic Stress Disorder, "How Common is PTSD?", U.S. Department of Veterans Affairs, retrieved on October 21, 2013, from www.ptsd.va.gov/public/pages/how-common-is-ptsd.asp.

⁷³ National Center for Veterans Analysis and Statistics, "Veteran Population," U.S. Department of Veterans Affairs, retrieved on October 21, 2013, from www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/71VetPop11_POS_State.xlsx.

⁷⁴ Tanielian, Terri, & Jaycox, Lisa, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences and Services to Assist Recovery*, RAND Corporation, 2008, retrieved on October 21, 2013, from www.rand.org/pubs/monographs/MG720.html.

⁷⁵ National Center for Post-Traumatic Stress Disorder, "Military Sexual Trauma: What is Military Sexual Trauma?" U.S. Department of Veterans Affairs, retrieved on October 21, 2013, from www.ptsd.va.gov/public/pages/military-sexual-trauma-general.asp.

⁷⁶ Carrow, Rynell, & Terpstra, A., *New Veterans in Illinois: A Call to Action*, Social IMPACT Research Center, December 2012, retrieved on October 22, 2013, from www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION.

Statistics pertaining to the prevalence of MST vary, largely because it is understood to be highly underreported. When screened by the U.S. Department of Veterans Affairs (VA), approximately 1 in 5 female servicemembers and 1 in 100 male servicemembers report suffering MST.⁷⁷ Other studies indicate that as many as 1 in 3 women in the military experience sexual assault, and as many as 79 percent of women serving since Vietnam experience sexual harassment.⁷⁸ In regard to seeking treatment, only 38 percent of female veteran sexual assault survivors utilize mental health services.⁷⁹

- **Suicide**

As with MST statistics, statistics on suicides among veterans are questioned for their reliability. The VA estimates that 22 veterans die by suicide each day -representing 20 percent of suicides in the United States, although veterans only make up 7 percent of the national population.^{80, 81} But subject matter experts emphasize that the sample population used by the VA is not representative of the entire veteran population. Veterans that come in contact with the VA tend to have higher occurrences of health and disability issues. That being the case, some medical experts note that suicide rates among veterans are underreported.

Illinois Warrior Assistance Program

Through the Veterans Health Administration (VHA), the Vet Center Program, and various other outlets, the VA supports a wide variety of behavioral health services for veterans and their families.⁸² The cornerstone behavioral health program administered by the Illinois Department of Veterans' Affairs (IDVA) is the Illinois Warrior Assistance Program (IWAP). Launched in January of 2008, Illinois became the first state in the nation to launch a TBI and PST program for returning veterans. IWAP offers a toll-free helpline at 1-866-554-4927 and free online chat services, both of which are staffed by individuals trained to help veterans find the resources - counseling or otherwise - that they need. Through IWAP, eligible veterans are referred to a mental health provider for free mental health counseling.

IWAP services are chiefly intended to augment VA programs and provide a targeted resource to those who do not qualify for relevant VA services. Efforts are currently underway to build awareness for IWAP in rural and underserved areas of the state to ensure that veterans have access to these supports.

⁷⁷ National Center for Post-Traumatic Stress Disorder, "Military Sexual Trauma: What is Military Sexual Trauma?" U.S. Department of Veterans Affairs, retrieved on October 21, 2013, from www.ptsd.va.gov/public/pages/military-sexual-trauma-general.asp.

⁷⁸ Stalsburg, Brittany, *Military Sexual Trauma: The Facts*, Service Women's Action Network, June 2010, retrieved on October 22, 2013, from www.vawnet.org/Assoc_Files_VAWnet/SWAN-MSTFactSheet.pdf.

⁷⁹ Carrow, Rynell, & Terpstra, A., *New Veterans in Illinois: A Call to Action*, Social IMPACT Research Center, December 2012, retrieved on October 22, 2013, from www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION.

⁸⁰ Basu, Moni, "Why suicide rate among veterans may be more than 22 a day," CNN, September 21, 2013, retrieved on October 22, 2013, from www.cnn.com/2013/09/21/us/22-veteran-suicides-a-day/.

⁸¹ U.S. Census Bureau, "State & County Quickfacts," U.S. Department of Commerce, retrieved on October 22, 2013, from <http://quickfacts.census.gov/qfd/states/00000.html>.

⁸² U.S. Department of Veterans Affairs, *Guide to VA Mental Health Services for Veterans and Families*, U.S. Department of Veterans Affairs, retrieved on October 22, 2013, from www.mentalhealth.va.gov/docs/MHG_English.pdf.

Illinois Joining Forces Behavioral Health Working Group

To further build veteran support capacity throughout Illinois, government agencies, non-profit organizations and community providers are actively working together to identify the unmet needs of the veteran community and to build innovative, new partnerships that result in enhanced outreach and service delivery to veterans and their families. The focus of statewide collaborative efforts has been Illinois Joining Forces (IJF), a public-private network of more than 160 organizations committed to working together to take on gaps in veteran support and to building a “no wrong door” system of military and veteran support. IJF member organizations collaborate online and in person, the latter through IJF Working Groups.

The IJF Behavioral Health Working Group has been a key hub for partnership in meeting the behavioral health needs of service members, veterans, and their families. As of September of 2013, there were 34 IJF member organizations in the Behavioral Health Working Group. Additional outreach is being performed to build membership and grow the corresponding referral network of veteran-friendly providers, which will have the effect of increasing access to treatment and support services throughout the state. Current member organizations include social service agencies, advocacy groups, government entities, community providers, and clinics, among various others. Also connected to this broad network are local Veteran Service Officers, Veterans Assistance Commissions, veteran service organizations, and VA facilities including Vet Centers, hospitals and community-based outpatient clinics (CBOCs). These entities frequently act as intake points that utilize the IJF Behavioral Health Working Group network to refer veterans and their family members to locally available service providers.

In addition to building membership and the statewide provider network, the Behavioral Health Working Group has identified the following four interrelated priorities as initial areas of focus:

- **Education and Training** - To build awareness and services capacity through the education of the Illinois community at large, and specifically target the provider community on the unique challenges facing veterans, servicemembers and their families.
- **Needs Assessment** - To analyze and identify service gaps through the development of a statewide services inventory mapped against the veteran population.
- **Closing the Services Gap** - To ensure that veterans, servicemembers and their family members have access to needed services by reducing barriers relating to stigma, rural access, and antiquated systems of care.

- **Complementary and Alternative Medicine Interventions** - To include alternative models of care, recovery and resilience such as adaptive sports, equine psychotherapy, recreational activities and writing groups, which give voice to the diverse nature of the military population in addressing behavioral health issues.⁸³

Training Community Providers on Behavioral Health Issues Unique to Veterans

While the VA offers a broad range of services for veterans and family members struggling with behavioral health issues, a significant number of veterans receive treatment outside VA hospitals and clinics. Reports indicate that less than 30 percent of all veterans receive care within the VA health care system.⁸⁴



⁸³ Behavioral Health Working Group, "Summary and Vision Statement," Illinois Joining Forces, retrieved on October 22, 2013, from www.illinoisjoiningforces.org/documents/illinois-joining-forces-behavioral-health-workgroup-overview.

⁸⁴ Marriott, Michael, "Have You Ever Served? The Question Your Healthcare Provider Will Ask at Your Next Visit," American Academy of Nursing, September 6, 2013, retrieved on October 22, 2013, from www.aannet.org/index.php?option=com_content&view=article&id=557:have-you-ever-served-announced&catid=23:pressreleases&Itemid=133.

In Illinois, subject matter experts explain that demand for behavioral health services is far too extensive, varied, and geographically dispersed for the VA to cover the entire sector. In addition, experts recognize that some veterans hold negative perceptions of VA health care services that may discourage them from obtaining care at their local facility. Common grievances include long waits before and between appointments, burdensome eligibility/application processes, and distant referral locations. That being the case, it is critical to grow the statewide referral network of veteran-friendly providers to fill this underserved need, as well as to grow the pool of community providers that have received the relevant military culture and other training necessary to effectively treat veterans and their family members.

As noted above, a central focus of the IJF Behavioral Health Working Group is informing community providers of the significant demand for behavioral health services outside the VA, and then educating them on the special set of issues facing veterans and their families. Since the launch of IJF, the Working Group has held Military & Veteran 101 training workshops across the state. The workshops are free and providers have the opportunity to obtain continuing education units for attending. Workshop organizers note that these two factors have assisted in generating high turnout.

As of September of 2013, over 1,100 community practitioners have attended training workshops. Regular attendees include physicians, clinical psychologists, psychiatrists, social workers, counselors, nurses, recovery support specialists, and various other licensed professionals. Training curriculum focuses on a wide variety of pertinent subject areas, including detailed instruction on military and veteran culture, the emotional cycle of deployment, veteran treatment courts, and clinical approaches to treating patients with MST, PTS, and TBI. Workshop organizers note that the training workshop focused on TBI attracted particularly high interest in the service provider community.

While the workshops have been successful in building awareness for behavioral health issues in the veteran community and growing the pool of qualified, veteran-friendly community providers, workshop organizers emphasize that the training curriculum needs to be enhanced in order to better prepare practitioners to serve veterans and their families. For example, VA clinicians receive advanced, highly exhaustive training on cognitive processing therapy, exposure therapy, and various other evidence-based therapies specific to veterans and their families. Accordingly, subject matter experts stress that even community providers who have received “Military/Veteran 101” training still need to access further training on diagnostic procedures, treatment practices, and alternative therapies.

In addition, workshop organizers point out that many community providers are unaware of the basic benefits afforded to veterans and their families, particularly through government entities like the VA. Many lack a basic understanding of who is and who is not eligible for VA health services. This acts as another barrier that forestalls them from actively seeking patients with a military background or connection. This is a barrier that another IJF Working Group - the Benefits Working Group - is working to address, with a training session for IJF members regarding basic veteran benefits and eligibility planned for FY 2014.

Recovery Support Specialists

The concept of recovery and the use of Recovery Support Specialists is a well-established principle within the systems of care supporting individuals needing help in their recovery from mental illness and/or substance abuse addictions. Through their lived experience, the role of Recovery Support Specialists is to function as a means to help engage people suffering from mental illness and addictions, build trust, and assist them in their treatment and recovery.

Mental health authorities and the behavioral health provider communities of many states have formally embraced recovery support principles including a process for the certification of recovery support specialists. Many states are also investigating the concept of recovery support specialist certification as well. Additionally, the Veterans Health Administration (VHA) has developed a Peer Support Recovery Program. VHA has hired over 800 Peer Support Specialists to help veterans suffering with mental illness and addictions in their recovery.

Peer Support Specialists hired by VHA are required to be certified by a state as having satisfied relevant state requirements for a peer specialist position. Certification requirements for Recovery Support or Peer Support Specialists vary by state; however the certification process generally includes very similar procedures such as being in recovery from a mental or addiction illness, completion of formal training, and some period supervised experience.

As such, subject matter experts emphasize that a certification process for Veteran Recovery Support Specialists is needed in Illinois as a means to enhance access to meaningful recovery support services, as well as to build competency and capacity in the provider community.

Increasing TRICARE and Military OneSource Providers

Another vital part of increasing access to care is growing the network of TRICARE and Military OneSource providers throughout the state, so that veterans and their families have access to covered or free counseling. Accordingly, a key aspect of the IJF training workshops involves educating practitioners on how they can become a certified TRICARE or Military OneSource provider.

- **TRICARE**

Managed by the U.S. Defense Health Agency, the TRICARE program combines the direct care services at military hospital and clinics with networks of civilian health care practitioners and facilities to provide access to medical services. All TRICARE providers must be authorized under TRICARE regulations to become a part of the worldwide referral list and to receive reimbursements for the provision of services to veterans, servicemembers, and their families.

In regard to eligibility, TRICARE is available to active duty servicemembers and retirees of the seven uniformed services, their family members, survivors, and others who are registered in the Defense Enrollment Eligibility Reporting System (DEERS). TRICARE is also available to National Guard/Reserve members and their families (depending on the veteran's activation status).⁸⁵

While veteran advocates note that there has been an increase in TRICARE providers in Illinois, there is still a shortage of providers in the southern region and rural areas of the state. This shortage makes it difficult for a number of servicemembers, veterans, and their families to access the complete continuum of care advised for treatment and support. In areas where there continues to be a shortfall, the IJF Behavioral Health Working Group and its member organizations are actively planning to host additional trainings to build out the TRICARE provider network.

- **Military OneSource**

Military OneSource is a U.S. Department of Defense-funded program that provides confidential, no-cost support to veterans, servicemembers, and their families to help with a broad range of concerns including money management, stress, grief, spouse employment and education, parenting and child care, deployment, relocation, legal questions, and other challenges. Military OneSource also offers non-medical counseling services online, via telephone, and in-person through its main call center, webpage, and nationwide provider network.

⁸⁵ TRICARE, "Eligibility," TRICARE, retrieved on October 23, 2013, from www.tricare.mil/Welcome/Eligibility.aspx.

To join the Military OneSource network and become a certified provider, community practitioners must be a licensed health professional and receive Military OneSource training, which features instruction on military culture and sensitivity, deployment, reintegration, standardized training on each service component (i.e. Army, Navy, Air Force, etc.), and post-suicide survivor training. Training is offered online through live webinars, and providers must receive annual training to renew their certification. Once certified, providers become a part of the nationwide referral network and are eligible to receive reimbursement for non-medical counseling services rendered.

Services delivered by Military OneSource providers are designed to offer support with short-term issues, including adjustment to situational stressors, stress management, decision making, communication, grief, blended-family issues, and parenting-skills issues.⁸⁶ Individuals are eligible to receive up to 12 counseling sessions per issue.

Eligibility for Military OneSource services is comparably broad, extending access to active duty military personnel, National Guard/Reserve members (regardless of activation status), dependent family members, guardians of minor dependent children of deployed or mobilized servicemembers, and medically retired servicemembers. But at the same time, veteran advocates emphasize that eligibility only lasts up to six months after separation. At that point, recipients are no longer able to receive support services. In addition, veteran advocates note that when a Military OneSource provider diagnoses a patient with a medical condition, the provider is required to refer the patient out to a community practitioner. While that may not pose a major problem in large metropolitan areas, this causes difficulties in rural areas, such as downstate Illinois, where there is not a high concentration of available and culturally competent providers.

- **Joint Family Support Assistance Program Transition to Military OneSource**

In response to the reduction of deploying servicemembers and the evolving needs of a more dispersed National Guard and Reserve Component, the U.S. Department of Defense is in the early stages of restructuring the Joint Family Support Assistance Program (JFSAP) to increase the utilization of counseling services offered through Military OneSource.

In each state, JFSAP teams are employed to serve National Guard/Reserve families as well as other military families that do not live near an installation and are unable to utilize installation support programs.⁸⁷ JFSAP teams are composed of trained counselors tasked to assist servicemembers and their families with a variety of non-medical needs, including counseling, reintegration support, financial planning, medical referrals, locating child care, and other services.

⁸⁶ Military OneSource, "About Military OneSource," Military OneSource, retrieved on October 23, 2013, from www.militaryonesource.mil/footer?content_id=267441.

⁸⁷ Military OneSource, "Joint Family Support Assistance Program," Military OneSource, retrieved on October 23, 2013, from www.militaryonesource.mil/deployment/joint-family-support-assistance-program?content_id=266627.

A key part of JFSAP teams are Military and Family Life Counselors (MFLCs), who specialize in the provision of short-term, non-medical counseling to servicemembers and their families. DoD is in the process of reducing the reliance on MFLCs in favor of increasing utilization of the Military OneSource program. Until the new policy, MFLCs will only be provided on-demand (where the need is greatest), as opposed to being embedded placements. DoD staff emphasize that the growing Military OneSource program - with service channels available via phone, computer, and in-person - has broader capacity and flexibility to be more responsive to the family needs of National Guard/Reserve members. They also underscore the fact that Military OneSource is open to all servicemembers, regardless of veteran status.

Some advocates who work with National Guard/Reserve units have expressed concern that the Military OneSource program will not provide the same consistency, reliability, and engrained support as embedded MFLCs. Questions have also been raised as to the functionality and responsiveness of the Military OneSource referral system. Some military and veteran advocates assert that the current system does not provide adequate follow up and coordination to ensure that individuals receive the right services in a timely manner.

Establishing Universal Health Assessment Procedures

As more health practitioners become certified providers and gain training to treat returning servicemembers, veteran advocates emphasize that universal assessment procedures need to be established to ensure that health care providers are accurately diagnosing and treating patients with a military background or family connection.

Health care professionals use different health assessment procedures upon initial intake of patients. Depending on the hospital or clinic, the doctor or nurse will ask a different set of questions to determine the health care needs of the patient. Researchers note that 56 percent of community providers do not routinely ask their patients if they or a loved one ever served in the military.⁸⁸

Veterans and their family members may have been exposed to environments or traumas that could lead to distinct, adverse health risks. Specialists in the veteran community note that providers need to know this information in order to diagnose and treat these patients effectively. Accordingly, efforts are underway to establish standardized, universal assessment procedures by which health care providers ask the following question upon intake: "Have you ever served in the military?"

⁸⁸ Marriott, Michael, "Have You Ever Served? The Question Your Healthcare Provider Will Ask at Your Next Visit," American Academy of Nursing, September 6, 2013, retrieved on October 22, 2013, from www.aannet.org/index.php?option=com_content&view=article&id=557:have-you-ever-served-announced&catid=23:pressreleases&Itemid=133.

In September of 2013, the American Academy of Nursing announced a new initiative (titled “*Have you ever served in the military?*”) with this exact objective. The initiative will also equip nurses and other health care providers with a pocket card listing the most common health concerns linked to military service, as well as questions the provider should ask the veteran. These simple changes to standard assessment procedures will help providers obtain a more complete military service history, better identify possible health risks, and ultimately enhance the end treatment plan.⁸⁹ The National Association of State Directors of Veterans Affairs (NASDVA) endorsed the initiative at their annual conference in September of 2013, with Illinois selected to participate as an initial pilot state for distribution of these cards to providers.⁹⁰

Tracking Health Care Users with a Military Connection

After patients with a military connection have been identified during the assessment process, subject matter experts emphasize that it would be beneficial to develop tracking mechanisms to monitor these individuals as they receive treatment and/or referrals. This would enable health practitioners, as well as health agencies, to better identify outcomes, make referrals, and ultimately gain a firmer grasp on what exact services are being delivered to veterans by community providers. In Illinois, state agencies including the Illinois Department of Healthcare and Family Services (IDHFS) and the Illinois Department of Health Services (IDHS), are actively working to establish data-sharing and data-marking processes to better identify and track health care users with a military connection.

Applying Data Markers to Track Veterans in the State of Illinois

Similarly, other state agencies in Illinois do not maintain a data marker for veterans, servicemembers, and family members that come in contact with their programs. Considering its existing data tracking capabilities, the Illinois Department of Revenue has been identified as a potential starting point to implement a comprehensive, secure data marker system that collects, aggregates, and analyzes data obtained from veterans and their family members in the State of Illinois. Such a system would also be useful for broader outreach, needs assessment, and performance measurement purposes. Also, accommodations would be provided so veterans and family members that do not want to be identified and tracked as such could elect out of the data marker system.

⁸⁹ Ibid.

⁹⁰ Have You Ever Served?, “National Association of State Directors of Veterans Affairs (NASDVA) Endorsement,” American Academy of Nursing, retrieved on October 24, 2013, from www.haveyoueverserved.com/endorsement.html.

Helping Local Governments and Community Organizations Become Veteran-Friendly

In addition to bringing more local health practitioners into the network of veteran-friendly organizations, veteran advocates reiterate that additional outreach is needed to engage local governments and community organizations in this broader effort. Leaders in the veteran community observe that there currently exists a strong desire on the part of community organizations, private foundations, and businesses to work with the veteran population. That being the case, veteran leaders emphasize that this desire must be harnessed and channeled in order to mobilize more comprehensive support for the veteran community.

As noted previously, the majority of returning veterans do not immediately seek out services from the VA. Most are concerned with getting a job, going to school, and reestablishing relationships with family and friends. Accordingly, while many do not come in contact with the VA or other veteran organizations, they do interact with local institutions, including banks, schools, realtors, municipalities, faith-based organizations, and in some instances, law enforcement agencies and courts. These local institutions act as key intake points whereby they can play an important role in assisting veterans that may be struggling with behavioral health and other challenges. Not only can they make informal referrals and provide simple accommodations that make their organizations more comfortable and approachable for returning veterans, but many can leverage existing resources and programs to provide special assistance to veterans and their families.

Considering the wide range of opportunities that exist on this front, veterans advocates emphasize that targeted outreach should be performed to initiate further dialogue and build stronger partnerships with local organizations traditionally thought to be distinct from the veteran community. This includes establishing more opportunities for organizations to receive military cultural competence training. In addition, many suggest that it would be valuable to provide community organizations and local governments with informational guides and toolkits on how to operationalize veteran-friendly practices and programs. Representative bodies specifically pinpointed for targeted outreach include the Illinois Bankers Association, the Illinois Municipal League, Township Officials of Illinois, the Illinois Sheriffs' Association, and the Illinois Police Association. This broader outreach effort is being addressed in part through the overall work of Illinois Joining Forces, through which nearly all Working Groups are offering or planning to offer "Military/Veteran 101" training to community organizations; the IJF Executive Committee recently stood up a Training Task Force to enable this work in the year to come.

Establishing Veteran Treatment Courts and Legal Support Channels

Illinois State Law regarding Veteran Treatment Courts recognizes that due to the effects of PTS, TBI, and other behavioral health issues resulting from military service, many veterans face unique problems readjusting to civilian life. As a result, some come in contact with the criminal justice system, largely due to drug or alcohol use. This problem is exacerbated for Post-9/11 veterans who have endured lengthy and repeat deployments.⁹¹

In June of 2010, the Illinois Veterans and Servicemembers Court Treatment Act was signed into law, establishing a legal framework for Veteran Treatment Courts (VTCs). VTCs provide separate treatment for veterans and servicemembers in recognition of their extraordinary service and sacrifice.⁹² Individuals are evaluated to ascertain the underlying causes of their behavior and, instead of ordering jail time, judges typically require a strict regimen of treatment and/or counseling. The individual and their criminal charges are then reexamined based on their performance in the program.

VTCs demonstrate a high success rate, and they provide an important last-resort means to help veterans reestablish personal stability. They also save money for local governments and the state by keeping prison populations smaller (through reduced jail time and reduced recidivism) and moving some cases from the normal social services and incarceration system to an alternate program, making use of federal resources available through the VA.

In Illinois, 11 courts are currently operational, and the IJF Legal Support Working Group is actively reaching out to local entities across the state, including municipal officials, circuit courts, judges, attorneys, and other vested stakeholders, in an effort to stand up more VTCs.

At the state level, veteran advocates note that further inroads with the Illinois Supreme Court Access to Justice Commission could be pursued to leverage additional attention and support to veterans that come in contact with the legal system. Formed in November of 2012 by a ruling of the Illinois Supreme Court, the Access to Justice Commission is tasked to “promote, facilitate, and enhance equal access to justice with an emphasis on access to the Illinois civil courts and administrative agencies for all people, particularly the poor and vulnerable.”⁹³ Veteran advocates suggest that it would be valuable to reach out to the Access to Justice Commission to ensure that the legal and behavioral health needs of the veteran community are incorporated in their policy-evaluation efforts.

⁹¹ Illinois Lawyer Now, “Veterans’ Courts Offer Soldiers a 2nd Chance,” Illinois State Bar Association, retrieved on October 23, 2013 from www.isba.org/sites/default/files/publications/IL%20Lawyer%20Now%20Winter%202011.pdf.

⁹² Governor’s Task Force on Veterans and Servicemembers Courts, “Implementing Veterans Courts or Programs in the State of Illinois,” retrieved on October 23, 2013, from www.law.siu.edu/news/PDF/Veterans%20Court%20Protocol.pdf.

⁹³ Supreme Court of the State of Illinois, “Rule 10-100. Illinois Supreme Court Commission on Access to Justice,” State of Illinois, retrieved on October 24, 2013, from www.state.il.us/court/SupremeCourt/Rules/Art_X/Art_X.htm.

Increasing Access to Behavioral Health Services in Rural Areas

Increasing access to counseling and treatment outlets in rural areas of the state has been a longstanding challenge for military- and veteran-serving organizations – an issue not unique to Illinois. Rural access challenges exist throughout the country, leaving many veterans and family members with few options but to travel long, inconvenient, and costly distances to obtain care. In addition, veterans in more suburban and rural areas of the state do not have an abundance of affordable transportation options at their disposal. Mass transit infrastructure is far less robust in rural areas, leaving many veterans without a ready means to get to medical appointments, veteran service offices, and other service provider outlets.

- **Mobile Vet Centers**

In response to these concerns, the VA has expanded the Vet Center Program to target more resources to rural and underserved communities. The mission of the Vet Center program is to provide various counseling, outreach, and referral services to eligible veterans and family members in order to help them effectively readjust to civilian life.⁹⁴ There are currently 11 Vet Centers across Illinois.⁹⁵

In recent years, the VA has increased the utilization Mobile Vet Centers, which are customized vehicles that act as “offices on wheels,” equipped with confidential counseling space staffed by trained professionals. While Mobile Vet Centers are ideal for traveling to rural or remote communities, veteran advocates note that Mobile Vet Centers are in high-demand to support outreach events, which limits their availability to assist individual veterans and families in an ongoing manner. In addition, veteran advocates point out that Vet Center eligibility is limited to war zone veterans and their families, which excludes a significant portion of the veteran population in need of behavioral health services.⁹⁶

- **Telemental Health Services**

In addition to Mobile Vet Centers, the VA has put added focus on telemental health services as a means to better attend to the behavioral health needs of veterans in rural areas. The VA's telemental health program enables veterans and family members to connect with a trained professional to receive a variety of counseling and treatment services, including individual therapies, group therapies, medication management, family therapy, couples therapy, cognitive-behavior therapies, evidence-based

⁹⁴ Vet Center Program, “Who We Are,” U.S. Department of Veterans Affairs, retrieved on October 24, 2013, from www.vetcenter.va.gov/About_US.asp.

⁹⁵ U.S. Department of Veterans Affairs, “Vet Center Locations – Illinois,” U.S. Department of Veterans Affairs, retrieved on October 24, 2013, from www.va.gov/directory/guide/state.asp?State=IL&dnum=ALL&v=1.

⁹⁶ Vet Center Program, “Eligibility,” U.S. Department of Veterans Affairs, retrieved on October 24, 2013, from www.vetcenter.va.gov/Eligibility.asp.

psychotherapies and psychological testing. Accordingly, the VA emphasizes that evolving telemental health services can treat the majority of mental health diagnoses, including PST, mood disorders, psychotic conditions, and substance abuse issues.⁹⁷

Under the program's current configuration, accessing VA telemental health services requires a veteran or family member to physically visit a VHA facility, such as a medical center, CBOC, or residential care center. The veteran is then connected with a VA health practitioner via clinical videoconferencing, which replicates an in-person visit. Some health professionals in the veteran community have expressed concerns with this configuration considering it does not allow veterans to access services via home-based or mobile videoconferencing technologies (e.g. Skype). As such, veterans and family members in rural areas still have to travel long distances to access treatment. Health professionals also have expressed concern with the delivery of care provided through telemental health services. They emphasize that one-on-one, in-person contact is the ideal approach to make health assessments, generate diagnoses, and provide effective treatment.

Despite these concerns, the VA is ramping up telemental health services and pursuing new strategies that will allow patients to access treatment via home-based technologies. On top of the opportunities presented in expanding access to care in rural areas, VA leaders underscore that telemental health creates efficiencies by eliminating avoidable travel and providing additional flexibility to meet staffing challenges. In 2012, the VA provided telehealth services to 460,000 veterans through more than 1.4 million telehealth-based episodes of care in 150 VA medical centers and 750 CBOCs - and 30 percent of these clinics were in rural areas.⁹⁸ In 2013, the VA aims to reach 825,000 veterans through telehealth and mobile health.

- **Needs Assessment**

Though numerous efforts are underway to expand access to care throughout Illinois, veteran- and military-serving organizations reiterate that there is a pervasive need to systematically identify and analyze service gaps. The IJF Behavioral Health Working Group has made this a key priority, and its members are in the early stages of initiating a comprehensive Needs Assessment. The objective of the Needs Assessment is to create a statewide inventory of health services, providers and systems mapped against the veteran population and eligibility criteria, thus identifying service gaps. Regional service directories will also be created for use by local service providers as well as veterans and their families. On a broader, strategic level, the Needs Assessment will enable the provider and advocacy community to (1) identify and close service gaps in unserved and underserved areas, (2) target resources/training more effectively, and (3) provide the basis to create statewide and regional benchmarks and quality indicators to guide future resource allocation.

⁹⁷ Petzel, Robert, "Telemental Health in VA: A New Source of Support for Veterans," U.S. Medicine, February 19, 2013, retrieved on October 24, 2013, from www.usmedicine.com/outlook/telemental-health-in-va-a-new-source-of-support-for-veterans.html#.UmmmUMo5dg.

⁹⁸ Ibid.

Eliminating the Stigma Associated with Seeking Help

Another barrier to accessing care is the negative stigma associated with seeking help. Health professionals point out that a significant number of veterans avoid or delay seeking treatment for behavioral health conditions due to perceptions related to asking for help. Veterans may fear being stereotyped as “damaged goods,” being judged negatively by family and friends, or being denied career opportunities because of a diagnosis (particularly if they are seeking a career in law enforcement). Consequently, many avoid seeking professional assistance.

In an effort to alleviate these barriers, leaders in veteran- and military-serving organizations have placed significant focus on stigma reduction. Various awareness campaigns are underway to emphasize resiliency and pride in one's service throughout the reintegration process. In addition, video resources are being more broadly utilized to promote discussion about mental health issues and reduce the stigma (e.g. *A Different Kind of Courage: Safeguarding and Enhancing Your Psychological Health*, developed by DoD). In this way, veterans are encouraged to acknowledge their military experiences, to confront the health effects of military service, and to cultivate a sense of pride based on their accomplishments and their ability to persevere. Health professionals in the veteran community also note that it can be helpful for veterans to address these challenges in cooperation with other veterans, in a group or peer-to-peer environment.

Enhancing Suicide Prevention Efforts

As noted earlier, data suggests that the suicide rate among veterans is notably higher than the general population. Though there is some question as to validity of widely cited statistics, veteran advocates and health professionals agree that this is a very serious, very real issue that warrants further examination and timely countermeasures.

First off, it is important to dispel a popular myth related to suicides among veterans. Health professionals emphasize that the majority of suicides are non-deployers (not veterans who served in an active theater and were exposed to traumas, as is commonly perceived). Health professionals explain that the risk factors associated with suicide among veterans typically do not stem from combat-related issues. In most instances, they stem from a co-occurrence of issues related to financial difficulties, family instability, joblessness, and/or substance abuse. Accordingly, subject matter experts agree that suicide risk factors among veterans are very similar to suicide risk factors in the general population, though risk factors among veterans can be compounded by health issues stemming from one's military experience.

In regard to demographics, suicide rates are highest among white males between the ages of 45-65, which is comparable to the general population. However, experts reiterate that current statistics and data tracking mechanisms are inadequate to draw firm conclusions. This underscores the need for further study to better understand what risk factors may correlate to an increase (or decrease) in suicides among veterans.

In addition to the Veterans Crisis Line, the placement of suicide prevention coordinators at medical centers, and the various other suicide prevention resources offered by the VA, veteran, military, and health organizations in Illinois have developed numerous suicide prevention programs, services, and social awareness campaigns. One notable program is the Warrior to Warrior program provided by the Illinois National Guard, which matches servicemembers in need with volunteer veterans who trained to assist with health and wellness issues.⁹⁹ Health professionals emphasize that mentorship and peer-to-peer programs like Warrior to Warrior demonstrate high success rates.

In terms of preventive services delivered to servicemembers early, all active duty and National Guard personnel are required to complete suicide prevention training annually, which consists of briefings from the Ask, Care, Escort (ACE) Program. ACE provides suicide prevention and awareness training for soldiers, staff, civilians and their family members. It features curriculum that teaches suicide behavior recognitions, intervention skills, and it provides an opportunity to discuss and participate in realistic role-play scenarios.¹⁰⁰ Additionally, there is the Applied Suicide Intervention Skills Training (ASIST), which is provided to “gatekeepers” (i.e. chaplains and suicide intervention officers). Finally, during the Periodic Health Assessment and Post-Deployment Health Reassessment, these topics are broached by medical practitioners.

Though various programs and services are in place to address these challenges, leaders in the veteran community indicate that additional methods should be explored to further ensure that members of the Armed Forces and National Guard/Reserve Components receive training on how to identify warning signs and take appropriate action in the event of a suicide risk.

In addition, veteran advocates emphasize that efforts should be made to collaborate with the Illinois Suicide Prevention Alliance to ensure that adequate focus and expertise is being leveraged to assist the veteran community.

⁹⁹ Illinois Warrior to Warrior, “What is Warrior to Warrior?”, Illinois National Guard, retrieved on October 24, 2013, from <http://ilwariortowarrior.org/>.

¹⁰⁰ Gallegos, Maria, “‘Ask, Care, Escort’ can save a life,” U.S. Army Medical Department, retrieved on October 24, 2013, from www.bamc.amedd.army.mil/articles/ask-care-escort.asp.

POLICY RECOMMENDATIONS

1. (a) Provide Staff Support to Expand Training Opportunities for Community Providers - To ensure that community health practitioners obtain the proper training to effectively treat veterans and their families and to simultaneously grow the network of qualified, veteran-friendly providers, DSTF recommends that staffing and funding be provided to expand the IJF Behavioral Health Working Group's capacity to host training workshops in underserved areas of the state.

(b) Develop Follow-On Training Courses for Community Providers that Wish to Obtain Further Treatment Expertise - To further prepare community health practitioners to serve veterans and their families, DSTF recommends that follow-on training courses be established with advanced instruction on evidence-based psychotherapies (i.e. Cognitive Processing Therapy (CPT) for PTS, Prolonged Exposure Therapy (PE) for PTS, etc. - please see Attachment A for a detailed list) and government benefits afforded to veterans and their families. Qualified medical trainers (such as local specialists and specialists from the Center for Deployment Psychology) should be invited to assist in leading these courses - and if there is a cost associated with incorporating these trainers into the program, DSTF recommends that support funding be provided.

2. Expand Outreach Efforts Designed to Increase the Number of Veterans Health Administration Patient Centered Community Care (PC3), Non-VA Care, TRICARE, and Military OneSource Providers - To increase access to care and grow the network of community providers certified to treat veterans, DSTF recommends that additional outreach be performed via training workshops, marketing campaigns, and other available channels to increase the number of Veterans Health Administration Patient Centered Community Care (PC3), Non-VA Care, TRICARE, and Military OneSource providers in Illinois. Outreach efforts should emphasize how providers can become certified as well as what are the associated benefits. Particular focus should be placed on extended outreach into rural areas.

3. Urge Federal Policymakers to Broaden Eligibility for Military OneSource Services - To provide veterans and their families with sufficient access to affordable, high quality counseling services, DSTF recommends that federal policymakers be urged to expand eligibility for Military OneSource services beyond the current cut-off, which is six months after separation.

- 4. Support the “Have you or a loved one ever served in the U. S. Armed Forces?” Initiative Using Outreach and Advocacy Networks in Illinois** - To ensure that health care providers are able to best serve patients with a military background or family connection, DSTF recommends that the veteran organizations in Illinois dedicate resources to support the “Have you or a loved one ever served in the U. S. Armed Forces?” initiative lead by American Academy of Nursing (AAN). Efforts should be taken to (1) partner with AAN and (2) contact health care providers throughout the state to encourage them to implement these important health assessment protocols. This effort can also be coordinated with the IJF Behavioral Health WG’s efforts to train providers.
- 5. Establish State Agency Veteran Data Marker Systems** - To better identify and outreach to veterans in Illinois - and thereby connect veterans with behavioral health and other resources earlier in their transition process - DSTF recommends that Illinois state agencies establish markers to identify veteran clients that utilize or come in contact with their agency/programming. As these clients are identified, their basic contact information and agency touch point should be shared with the Illinois Department of Veteran’s Affairs (upon the veteran’s consent) for outreach and needs assessment purposes. The Illinois Department of Revenue has been suggested as a viable starting point considering its regular contact with nearly all Illinois citizens.
- 6. Establish a Program to Designate and Honor Veteran-Friendly Local Governments** - To incentivize local governments to adopt veteran-friendly practices and programs, DSTF recommends that the State of Illinois implement an award program that honors and highlights the efforts of local governments that go above and beyond in their service to veterans. The program could be model off a combination of the Governor’s Award for Excellence in Education and the Illinois Hires Heroes Consortium, but with specific criteria established to judge and highlight what best practices local governments can pursue to assist veterans with challenges relating to behavioral health, joblessness, homelessness, disabilities, and various other needs.
- 7. Educate the Philanthropy Community on Behavioral Health Challenges in the Veteran Community** - To better educate the private philanthropy community in Illinois as to the behavioral health challenges in the veteran community and leverage additional resources toward innovative solutions, DSTF recommends that veteran organizations target outreach to private foundations and philanthropic organizations. The Donors Forum has been suggested as a practical starting point. In particular, a session could be held to educate their members on behavioral health challenges in the veteran community and where additional resources could be targeted to effectively alleviate these challenges.

- 8. Collaborate with the Illinois Supreme Court Access to Justice Commission to Prioritize Challenges in the Veteran Community** - To garner support Veteran Treatment Courts in the legal community and further ensure that the unique needs of military veterans are properly accounted for in the Illinois justice system, DSTF recommends that IJF-Legal WG reach out to the Illinois Supreme Court Access to Justice Commission to identify potential opportunities for collaboration.
- 9. Obtain Funding to Perform a Statewide Needs Assessment to Identify Service Gaps** - To identify and move toward closing gaps in underserved areas, DSTF recommends that funding be obtained to perform a Statewide Needs Assessment that pinpoints in granular detail behavioral health providers - to include VA facilities, TRICARE providers, community mental health clinics, Military OneSource Providers, etc. - mapped against the veteran population and eligibility requirements. The Needs Assessment would also generate regional service directories intended for use by local service providers, veteran-serving organizations, as well as veterans and their families. In addition, the Needs Assessment would provide the basis to create statewide and regional benchmarks and quality indicators to guide future resource allocation.
- 10. Obtain Funding to Support an Awareness Campaign that Reduces the Stigma Associated with Seeking Help** - To reduce the stigma that can delay or preclude veterans from seeking help with behavioral health challenges, DSTF recommends that funding be obtained to augment existing awareness campaigns that encourage veterans to seek help in overcoming the residual health effects of military service. Targeting to exiting servicemembers, National Guard/Reserve components, and their families should be applied. Messaging should emphasize that it takes strength, courage and resiliency to conquer one's trials. Distribution should utilize multi-faceted, including social media, television, radio, posters, brochures/handouts, and video resources, among other channels.
- 11. Establish an Illinois Certification for Veterans Recovery Support Specialists***- To enhance access for veterans suffering from mental illness and addictions to meaningful recovery support services, as well as to build competency and capacity in the provider community, DSTF recommends that the Illinois Certification Board develop, administer, and establish a Veteran Recovery Support Specialists Certification.

* All policy recommendations suggested for inclusion by IJF Working Groups do not imply endorsement of the recommendation by every Working Group member, but rather endorsement of the recommendation and approval by majority vote of the Working Group.

ATTACHMENT A - Relating to Behavioral Health Policy Recommendation 1(b)

- a.** Providers of evidence-based psychotherapies (EBP) shall have received specialized training and experience in the EBP, including foundational instruction on the theoretical and applied components of the therapy and ongoing supervision or expert consultation on the implementation of the therapy, e.g., a patient being referred for Cognitive Processing Therapy, shall be seen by a provider who has specialized training and experience in that treatment modality. As an example, the following is a list of EBPs the VA currently uses:
 - i.** Cognitive Processing Therapy (CPT) for PTSD
 - ii.** Prolonged Exposure Therapy (PE) for PTSD
 - iii.** Cognitive Behavioral Therapy (CBT) for depression
 - iv.** Acceptance and Commitment Therapy (ACT) for depression
 - v.** Interpersonal Psychotherapy (IPT) for depression
 - vi.** Behavioral Family Therapy (BFT) for serious mental illness
 - vii.** Multiple Family Group Therapy (MFGT) for serious mental illness
 - viii.** Social Skills Training (SST) for serious mental illness
 - ix.** Integrated Behavioral Couples Therapy (IBCT) for relationship distress
 - x.** CBT for insomnia
 - xi.** CBT for chronic pain
 - xii.** Motivational Interviewing (MI) for motivation, engagement, and adherence
 - xiii.** Motivational Enhancement Therapy (MET) for substance use disorders
 - xiv.** Contingency Management (CM) for substance use disorders
 - xv.** Behavioral Couples Therapy (BCT) for substance use disorders
 - xvi.** CBT for substance use disorders
- b.** Patients with a history of Military Sexual Trauma (MST) being treated for a mental health problem related to MST shall receive care from a provider of the gender of their choice.
- c.** For both inpatient and outpatient mental health care, providers shall be advised of VA/DoD Clinical Practice Guidelines (CPGs) for the diagnosed mental health problem found at www.healthquality.va.gov/. These baseline criteria should follow, but do not replace clinical judgment.



APPENDIX A:

Attendance Roster for the Meeting of the DISCHARGED SERVICEMEMBER TASK FORCE

Monday, March 31, 2014, from 1:00 p.m. to 3:00 p.m.

Village of Hall, Community Room
1 Veterans Parkway
New Lenox, IL 60451

Subject of Discussion: Economic Vitality

Members Present

Rodrigo Garcia (Chairman) - Assistant Director, Illinois Department of Veterans' Affairs (IDVA)
Kenneth Clarke - President and CEO, Pritzker Military Museum and Library
Jim Frazier - Survivor Outreach Service Officer, U.S. Army
Michael Hastings - Illinois State Senator
Duane Honeycutt - Chicago Veterans Business Administration Regional Office Director, USDVA
Kevin Hull - Executive Director, Westside Institute for Science & Education
Linda Chapa LaVia - Illinois State Representative (*via phone*)
MaryAnn Romeo - VISN 12 Care Coordinator, USDVA
Grant Swinger - Military & Veterans Rights Bureau Chief, Illinois Attorney General

Members Not Present

Pam Althoff - Illinois State Senator
Mark Bowman - Sergeant Major in the Illinois National Guard
Wayne Rosenthal - Illinois State Representative
Maurice Rochelle - Deputy J9-Service Members & Family Support Services, IL National Guard
Alison Ruble - President and CEO, USO of Illinois

Guests

Gideon Blustein - Deputy Director, Illinois Department of Employment Security
Dan Cullen - Deputy Director for Academic Affairs, Illinois Board of Higher Education
Max Dulberger - Senior Aide, Office of the Assistant Director, IDVA
Emily Garrity - Co-Founder & President, ConnectVETS.org
Brian Kaunas - Member, Elite Service Disabled Veteran Owned Business Network
Paul Knudtson - Director of Armed Services Relations, National Louis University
Jaime Martinez - General Counsel, IDVA
Justin McDermott - Non-Traditional Student Member, Illinois Board of Higher Education
Lavon Nelson - Senior Director for Workforce Development, Illinois Community College Board
Elisabeth Pennix - Senior Program Manager, Women Veterans' Program, IDVA
John Scifers - President, IL Chapter, Elite Service Disabled Veteran Owned Business Network
Amy Sherman - Associate Vice President, Council for Adult and Experimental Learning
Dan Wellman - Administrator, State Approving Agency, IDVA

APPENDIX B:

Attendance Roster for the Meeting of the DISCHARGED SERVICEMEMBER TASK FORCE

Thursday, May 29, 2014, from 10:00 a.m. to 12:00 p.m.

Illinois Mathematics and Science Academy
Horwitz Conference Room
1500 Sullivan Road

Subject of Discussion: Homelessness and Housing

Members Present

Rodrigo Garcia (Chairman) - Assistant Director, Illinois Department of Veterans' Affairs (IDVA)
Jim Frazier - Survivor Outreach Service Officer, U.S. Army
MaryAnn Romeo - VISN 12 Care Coordinator, USDVA
Grant Swinger - Military & Veterans Rights Bureau Chief, Illinois Attorney General
Danielle LeMonnier - District Chief of Staff, Office of State Senator Michael Hastings, (*via phone*)
Michael Hastings - Illinois State Senator (*by proxy*)

Members Not Present

Pam Althoff - Illinois State Senator
Mark Bowman - Sergeant Major in the Illinois National Guard
Kenneth Clarke - President and CEO, Pritzker Military Museum and Library
Kevin Hull - Executive Director, Westside Institute for Science & Education
Linda Chapa LaVia - Illinois State Representative
Maurice Rochelle - Deputy J9-Service Members & Family Support Services, IL National Guard
Wayne Rosenthal - Illinois State Representative
Alison Ruble - President and CEO, USO of Illinois

Guests

Bob Adams - Co-Founder & President, Midwest Shelter for Homeless Services
Max Dulberger - Senior Aide, Office of the Assistant Director, IDVA
Christopher LaFayette - Co-Founder & Director of Program Development, Veterans Housing and Employment Assistance
Sterling Gildersleeve - Chief Program Officer, A Safe Haven Foundation
Bill Pluta - Director, Office of Housing Coordination Services, IL Housing Development Authority
Hilda Ramos - Housing Specialist, Jesse Brown VA Medical Center
Jessica Smith - Director of True North, Volunteers of America - Illinois
Katie Tuten - Project Director, Catholic Charities of the Archdiocese of Chicago
Michael Wallace - Co-Founder & Director of Information Technology, Veterans Housing and Employment Assistance

APPENDIX C:

Attendance Roster for the Meeting of the DISCHARGED SERVICEMEMBER TASK FORCE

Monday, December 16, 2013 from 10:00 a.m. to 12:00 p.m.

Pritzker Military Museum and Library
104 S. Michigan Ave., Suite 4th Floor
Chicago, IL 60603

Subject of Discussion: Women Veterans

Members Present

Rodrigo Garcia (Chairman) - Assistant Director, Illinois Department of Veterans' Affairs (IDVA)
Michael Hastings - Illinois State Senator
Duane Honeycutt - Chicago Veterans Business Administration Regional Office Director, USDVA
Kenneth Clarke - President and CEO, Pritzker Military Museum and Library
MaryAnn Romeo - VISN 12 Care Coordinator, USDVA
Maurice Rochelle - Deputy J9-Service Members & Family Support Services, IL National Guard
Mark Bowman - Sergeant Major in the Illinois National Guard
Pam Althoff - Illinois State Senator (*via phone*)
Linda Chapa LaVia - Illinois State Representative (*via phone*)
Jim Frazier - Survivor Outreach Service Officer, U.S. Army (*via phone*)
Grant Swinger - Military & Veterans Rights Bureau Chief, Illinois Attorney General (*via phone*)

Members Not Present

Wayne Rosenthal - Illinois State Representative
Alison Ruble - President and CEO, USO of Illinois
Kevin Hull - Executive Director, Westside Institute for Science & Education

Guests

Erica J. Borggren - Director, IDVA
Jaime Martinez - General Counsel, IDVA
Max Dulberger - Senior Aide to the Assistant Director, IDVA
Elisabeth Pennix - Senior Program Manager, Women Veterans' Program, IDVA
Laura Gallagher-Watkin - Director of Veterans Programs, Health & Disability Advocates
Zach Hunsinger - Assistant Director of Veterans Programs, Health & Disability Advocates
Ginnie Fraser - Associate Director, Veterans' Program, Thresholds
Melissa Hiller - Assistant Sexual Assault Response Coordinator, Illinois National Guard
Jenny Garretson - Women Veterans Program Manager, Jesse Brown VA Medical Center
Nicole Mandeville - Associate Director, Women's Business Development Center

APPENDIX D:

Attendance Roster for the Meeting of the DISCHARGED SERVICEMEMBER TASK FORCE

Wednesday, September 25, 2013, 10:00 a.m. to 12:00 p.m.

Illinois Department of Veterans' Affairs
Suite 5-570, IOCI Conference Room
100 W. Randolph Street

Subject of Discussion: Behavioral Health

Members Present

Rodrigo Garcia (Chairman) - Assistant Director, Illinois Department of Veterans' Affairs
Michael Hastings - Illinois State Senator
Kevin Hull - Executive Director, Westside Institute for Science & Education
Pam Althoff - Illinois State Senator (*via phone*)
Jim Frazier - Survivor Outreach Service Officer, U.S. Army (*via phone*)
Linda Chapa LaVia - Illinois State Representative (*via designated representative*)
MaryAnn Romeo - VISN 12 Care Coordinator, USDVA (*via designated representative*)

Members Not Present

Wayne Rosenthal - Illinois State Representative
Maurice Rochelle - Deputy J9-Service Members and Family Support Services (SMFSS)
Mark Bowman - Sergeant Major in the Illinois National Guard
Duane Honeycutt - Chicago Veterans Business Administration Regional Office Director, USDVA
Kenneth Clarke - President and CEO, Pritzker Military Library
Alison Ruble - President and CEO, USO of Illinois
Grant Swinger - Military & Veterans Rights Bureau Chief, Illinois Attorney General

Guests

Erica J. Borggren - Director, Illinois Department of Veterans' Affairs
Jaime Martinez - General Counsel, Illinois Department of Veterans Affairs
Max Dulberger - Senior Aide to the Assistant Director, Illinois Department of Veterans' Affairs
Tom Ferguson - Legal Extern, Illinois Department of Veterans' Affairs
Tom Miller - Veterans Peer Representative, Illinois Dept. of Human Services
Laura Gallagher-Watkin - Director of Veteran Programs, Health & Disability Advocates
Janet Kamer - Clinical Psychologist, Meier Clinics
Betsy Tolstedt - Team Leader, Evanston Vet Center
Carol Gall - Executive Director, Mental Health America of Illinois
Lora Thomas - Executive Director, Illinois Chapter of the National Alliance on Mental Illness
M.J. Hodgins - Program Manager, Lake-McHenry Veterans and Family Service Program
Sam Abraham - VISN 12 Care Coordinator, USDVA (*on behalf of MaryAnn Romeo*)
Cathy Danca - Staffer to State Representative Linda Chapa LaVia (*on behalf of Rep. LaVia*)





Illinois Department of Veterans' Affairs
James R. Thompson Center
100 West Randolph, Suite 5-570
Chicago, IL 60601-3219

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